OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

ofter death. Poge 4

BLACE OF DEATH

VR A15 (4) 15M 9/59

TO HOSP

O. COUNTY WASHINGTON MARYL	o. STATE M d b. COUNTY W A	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	IN 1b SITY OR TOWN (If outside corporate limits, write RURAL and gi	ve nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION TACKSON CONVALESCENT HON	ME BROWNAVE.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CHARLES HARM!	ISON ADAMS 4. DATE OF DEATH DEC.	Day Year 6 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	last birthday) Months	YEAR IF UNDER 24 HRS Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13ROKEIZ REALESTA	TE MIDDLEBURG, VA.	EN OF WHAT COUNTRY
ROBERT L. Adams	14. MOTHER'S MAIDEN NAME MATTIE HARMI	son
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (It yes, give wer or doles of service) (It yes, give wer or doles of service)	JACKSON CONVALESCENTHOME, 1	HAGERSTON.
1B. CAUSE OF DEATH [Enter only ane couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate	s agréans.	1/200.
lying couse lost. Clument	- Cys The	1 2400.
·	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter noture of injury in Port 1 or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Not while Not while of work 19	20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (Confactory street, office bldg., etc.)	ounty) (State
21. I certify that (I) (this haspital) attended the deceased sometimes and the deceased sometimes and the deceased sometimes and the deceased sometimes are sometimes as a second sometimes at the deceased sometimes are sometimes as a second sometimes are sometimes and a second sometimes are sometimes as a second somet	fram. 1900, to 1900, 1900, that leath accurred at 2000, fram the causes and an the	date stated abave
Mylecaen 22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS.	22b. DATE 12/0/0
YMfrip J. Hirshman	159 W. Washington St. Hag	s. Md.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME BURIAL 12-8-60 SHAROI	ETERY OR CREMATORY 23d. LOCATION (City, town, or county) NOEMETERY MIDDEBUR	(State) G VA
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SCOTT F. MINNICH & SON HAGE	256. REGISTRAR 256. REGISTRAR'S SIG	

The record of the second secon THE RESIDENCE OF THE PROPERTY OF THE PROPERTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	4	3	9	8

Hour o. m. p. m. 19 While Not while of work of foctory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased fram. 22. I certify that (I) (this hospital) attended the deceased fram. 19 U. 3 19 U. 10 10 10 10 10 10 10 10 10 10 10 10 10			4								
Hagerstown d. NAME OF ROSPITAL (If not in hospital) d. STREET ADDRESS UNAME OF ROSPITAL (If not in hospital) J. NAME OF ROSPITAL (If not in hospital) J	a COUNTY -	Vashington		MARYL	AND	A STATE					
Washington County Hospital 140 East F Fankl in Street YON & FARMY Nashington County Hospital 140 East F Fankl in Street YON & FARMY Note Note	RURAL and give	negrest town)	its, write		N 16	1		rote limits, write R	URAL ond g	give neares	t lown)
Conditions, if on, which gove rise to immediate but to Conditions, if on, which gove rise to immediate but to Conditions (o), unling the sunder CAUSE OF PARTH. OTHER SIGNIFICANTS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 19, WAS AUTOES (Stote bidge, etc.) 19, WAS AUTOES (Stote bi	OR INSTITUTION						ja nklir	Street			ON A FARM?
Pemale White WIOWED DIVORCED December 13, 1870 Provided Provide			rst				OF			- 4	
Hagerstown, Maryland U.S.A.				- 100			1870	lost birthdoy)		_	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Guy Hoffmaster Hagerstown, Maryland	Homemake	rking life, even if retired	done 10b.	KIND OF BUSINESS OF	INDUST	Hagerstown	n, Mary				HAT COUNTRY
Tenter only one course per line for (o), (b) and (c).		Harry Garle	ock			Sarah Mad	ce				
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoting the under. lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERCOMED? YES ON ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERCOMED? YES ON ACCIDENT WAS UNDERLYING OF DEATH I(o) FINIURY OF CURRED (Enter nature of injury in Port I or Part II of item 18.) OO. ACCIDENT WAS UNDERLYING OF DEATH ON INJURY OF CURRED (Enter nature of injury in Port I or Part II of item 18.) OO. ACCIDENT WAS UNDERLYING OF DEATH ON INJURY OF CURRED (Enter nature of injury in Port I or Part II of item 18.) OO. ACCIDENT WAS UNDERLYING OF DEATH OF ONE OF DEATH OF ONE OF THE PART II of item 18.) OO. ACCIDENT WAS UNDERLYING OF DEATH OF ONE OF DEATH OF ONE OF THE PART II of item 18.) OO. ACCIDENT WAS UNDERLYING OF DEATH OF ONE OF DEATH OF ONE OF THE PART II of item 18.) OO. ACCIDENT WAS UNDERLYING OF DEATH OF ONE OF DEATH OF ONE OF THE PART II of item 18.) OO. ACCIDENT WAS UNDERLYING OF DEATH OF ONE OF THE PART II of item 18.) OO. ACCIDENT WAS UNDERLYING OF DEATH OF ONE OF THE PART II of item 18.) OO. ACCIDENT WAS UNDERLYING OF THE PART II of item 18.) OO. ACCIDENT WAS UNDERLYING OF THE PART II of item 18.) OO. ACCIDENT WAS UNDERLYING OF THE PART II of item 18.) OO. ACCIDENT WAS UNDERLYING OF THE PART II of item 18.) OO. ACCIDENT WAS UNDERLYING OF THE PART II of item 18.) OO. ACCIDENT WAS UNDERLYING OF THE PART II of item 18.) OO. ACCIDENT WAS UNDERLYING OF THE PART II of item 18.) OO. ACCIDENT WAS UNDERLYING OF THE PART II of item 18.) OO. ACCIDENT WAS UNDERLYING OF THE PART II of item 18.) OO. ACCIDENT WAS UNDERLYING OF THE PART II of item 18.) OO. ACCIDENT WAS UNDERLYING OF THE PART II of item 18.) OO. ACCIDENT WAS UNDERLYING OF THE PART II of item 18.				SOCIAL SECURITY NO.							
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	no			none	Mr	s. Guy Hoffn	master	Hagerst	own,	Maryl	and
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote bldg., etc.) 20f. (City or town) (County) (Conditions, if gove rise to couse (a), stoting lying cause lost	ony, which immediate g the under:)) :)	generalized arteriored	erat	terios ileros te endart nor related to the term	iritis MINAL DISEAS	E CONDITION GIV	/EN IN PAR	T 1(o) 19.	WWY AUTOPSY PERFORMED?
21. I certify that (I) (this hospital) attended the deceased fram		G CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OF	CURRED	(Enter nature of injury in	Port I or Par	t II of ilem 1B.)			ES [] NO E
saw the deceased alive an ALC 2) 19.60, and that death accurred at A.M., from the causes and an the date stated above 220. SIGNATURE 220. SIGNATURE M.D. ATTENDING MED. STAFF 221. DIRECTOR STAFF 222. PHYSICIAN'S NAME (Type) 223. BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23d. LOCATION (City, town, or county) 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR'S SIGNATURE	20c. TIME OF INJU Hour o. m p. m	10	While	Not while				or town)	(0	County)	(Stote
23a. BURIAL, CREMATION, REMOVAL (Specify) 12/27/1960 Rose Hill Cemetery 12/27/1960 Rose Hill Cemetery 25a. REC'D BY REGISTRAR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR'S SIGNATURE	saw the deced 220. SIGNATURE		l) attend	2 1	that de	.D. ATTENDING PHYS.	MED.	the causes ar	_		tated abave
Suter - Rouzer Funeral Home	REMOVAL (Specif Burial	12/27/1	960	Rose Hill	•	etery	23d. LOCA	erstown,	Maryl		(Stote)
	Suter - Re	ouzer Funera	al Ho	me	wn,		EC 2 9 'E	TRAR 2Sb. REGI	STRAR'S SIC	SNATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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		and .							
1. PLACE OF DEATH o. COUNTY Wa	shington		MARYLAND	2. USUAL RESIDER	NCE (Where dece	eased lived. If it b. CO	UNTY	nce before admission	on)
b. CITY OR TOWN (I	f outside corporate limits		ength of stay in 16	c. CITY OR TO	3			give nearest town)	-2
OR INSTITUTION	AL (If not in hospital, giv			d. STREET ADE	North	Market	Street	e. IS REŠI ON A YES	FARM?
	Maryland St						000 900	152 [NO IL
3. NAME OF DECEASED (Type or print)	Flor Flor	CENCE	mary	Blair	4. DA OF DE		Dec. 3		960
S. SEX			NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In last birth	years IF UNDER	Doys Haurs	R 24 HRS. Min.
Female		WIDOWED		February			yrs.		
during most of warl	on (Give kind of work do king life, even if retired) ployee (rst				nsburg,			SA.	DUNTRY?
John Schel				Angel	a (unkr	lown)			
	R IN U. S. ARMED FORC (If yes, give war or dates of ser	vice)		INFORMANT			Address		
No	- 11-15-5-5-4-5	214-	10-1452 Mr	 Joseph H 	• Blair	514 N.	Market	Frederi	ck.Mo
	ny, which (b)_mmediate	aden	tastasis	ma of ce	evix			ONSET AND	
PART II. OTH	HER SIGNIFICANT COND				HE TERMINAL DIS	EASE CONDITIO	N GIVEN IN PAR	PERFOR	NO P
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY			HOW INJURY OCCURR		njury in Part I or	Port II of item	lB.)		
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Year 19		Not while f	PLACE OF INJURY (Ho actory, street, office b	me, farm, 20f. Idg., etc.)	(City or town)	(County)	(State)
	t (1) (this haspital) sed alive on Dec							e date stated	
	Victo	· L.K	ames.	M.D. ATTENDING	MED. DIRECTOR	STAFF PHYS.		220	SIGNED
22c. PHYSICIAN'S NAME (Type)	Victor	1.	Pamos, n	22d. ADDRESS		State Itus	pital H	agerstnur	i, mai
23a. BURIAL, CREMATIC REMOVAL (Specify)			. NAME OF CEMETERY		23d. LC	CATION (City,	town, or county)	(Stote	2)
Burial	12-31-1960))	t. Olivet (ederick		nd	
24. FUNERAL DIRECTOR	S SIGNATURE DANGE	F	rederick, 1		Sa. REC'D BY REDATE JAN 4		REGISTRAK'S SI		
		/ /							

TO HOSPITATION ATTENDING PHYSICIAN: The law requires that the death certifical be executed within 24 hours after death. Page 4 may be to be by the hospital or oftending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remays carbon pages. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH	447	CERTIF	CATE	OF DEATH				1330	()
o. COUNTY	ashington	MARI		USUAL RESIDENCE (WE o. STATE Marylan	2001	b. COUNTY _	Residence bef		1)
RURAL ond give				c. CITY OR TOWN (IF		te limits, write RUI	RAL and give ne	earest town)	
				d. STREET ADDRESS			57631	e. IS RESIDE	ARM?
	Washington C	ounty Hoapita	i.L	J 57 W.F1	anklin	St.		YES N	10 X
3. NAME OF DECEASED (Type or print)	JOHN	Middle CLAREN		BOWEN	4. DATE OF DEATH	Dec	. 2'	, ,,	60
s. sex Male	nna? 9 1	MARRIED NEVER MARRI		March 1,18			FUNDER 1 YEA Months Days		24 HRS. Min.
10a. USUAL OCCUPAT during most of wo Paint	ION (Give kind of work done orking life, even if retired)	Houses etc.		11. BIRTHPLACE (Stote Luray, Pa			USA	F WHAT COL	JNTRY?
3. FATHER'S NAME			1/	. MOTHER'S MAIDEN	NAME			- 1 (-)	
John	Isaac Bowen			Virgin:	ia Cave				
IS. WAS DECEASEDEV	ER IN U. S. ARMED FORCES). 17. INFOR	MANT	-44	Addre	55		
No	(ii yes, give wor or outer or service	214-09-3327	Mrs.B	essie Bower	1 57 W.	Franklin	St. Hage	erstow	n, Mc
Gove rise to immediate couse (a), stating the under- lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED? YES NO THE PROPRIED PROPRIE									
PART II. O' 20g. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	IG CAUSE OF DEATH	D. DESCRIBE HOW INJURY O	CCURRED. (E	nter noture of injury in	Port I or Port I	Il of item IB.)			
	MEDICAL EXAMINER)								
20c. TIME OF INJU	JRY Month, Doy, Year	20d. INJURY OCCURRED While Not while ot work ot work	20e. PLACE foctory.	OF INJURY (Home, form, street, office bldg., etc	20f. (City o	or town)	(County)	(Stote)
20c. TIME OF INJU Hour o. m p. m. 21. I certify th	JRY Month, Doy, Year	While Not while of work of work the deceased	fram 16	, street, office bldg., etc	55, ta /	2/27	1960, 1	hat (I) (we e stated a 22b. I	e) last abave.
20c. TIME OF INJUMENT OF MOUT O. m. p. m. 21. I certify the saw the decer 220. SIGNATURE	JRY Month, Doy, Year 19 nat (I) (this hospital) a ased alive an 12/2	While Not while of work of work the deceased	fram 16	h accurred at 3 P	55, ta /	2/27	1960, 1	hat (I) (we e stated a 22b. I	e) last
20c. TIME OF INJU-Hour o. m. p. m. 21. I certify the saw the deceded 220. STANATURE	JRY Month, Day, Year 19 nat (1) (this hospital) a ased alive an 12/2 Cearge	While of work	foctory. I fram. 19 d that deat M.D.	h accurred at 3 g ATTENDING D PHYS. 22d. ADDRESS 136 W W	55, ta /-	he causes and	1960, 1	hat (I) (we e stated a 22b. I	e) last abave.
20c. TIME OF INJU- Hour o. m. p. m. 21. I certify th saw the decec 22o. SIGNATURE 22c. PHYSICIAN'S NAME Type) 23a. BURIAL, CREMATI REMOVAL (Specif	JRY Month, Doy, Year 19 nat (I) (this hospital) a ased alive an 12/2 Created of the control o	While of work	foctory. I fram. 16 I that deat M.D.	h accurred at 3 g ATTENDING M PHYS. 22d. ADDRESS 136 W W	M, fram t	he causes and STAFF PHYS. ON (City, town, or	1962, to an the dat	hat (1) (me e stated of 22b. 1 (2/2) (Stote)	e) last abave.
20c. TIME OF INJU- Hour o. m p. m. 21. I certify th saw the decect 22c. STCMATURE 22c. PHYSICIAN'S NAME Type) 23a. BURIAL, CREMATI	JRY Month, Doy, Year 19 nat (1) (this hospital) a assed alive an 12/2 Ceorge JON, 23b. DATE THEREOF 12/29/60	While of work	foctory. I fram. 16 I that deat M.D.	ATTENDING PHYS. 22d. ADDRESS 136 W. W. REMATORY emetery	M, fram t EB. RECTOR Skings	he causes and STAFF PHYS. ON (City, town, or stown	1962, to an the dat	hat (I) (we e stated a 22b. I 2/25 y stow) (Stote) Md.	e) last abave.
20c. TIME OF INJU- Hour o. m p. m. 21. I certify th saw the decect 220. STCMATURE 22c. PHYSICIAN'S NAME Type) 23a. BURIAL, CREMATI REMOVAL (Specif BUTIAL) 24. FUNERAL DIRECTO	JRY Month, Doy, Year 19 nat (1) (this hospital) a assed alive an 12/2 Ceorge JON, 23b. DATE THEREOF 12/29/60	While of work	foctory. I fram. 16 I that deat M.D.	h accurred at 3 % ATTENDING PHYS. 22d. ADDRESS /36 W. W. Commetery 25a. REC	M, fram t ED. RECTOR 23d. LOCATIL Hager	he causes and STAFF PHYS. ON (City, town, or stown) AR 25b. REGIST	1960, to an the date of the county)	hat (I) (we e stated a 22b. I 2/25 y stow) (Stote) Md.	e) las

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

14401

1. PLACE OF DEATH o. COUNTY	111 3 - 4		MARY	2.	USUAL RESIDENCE (l lived. If instituti b. COUNTY			
b. CITY OR TOWN (RURAL and give n			15 Yrs		c, CITY OR TOWN (ingt	
	TAL (If not in haspital, g	sive street addr		2	d. STREET ADDRESS				10	RESIDENCE N A FARM?
	Home									
3. NAME OF DECEASED (Type or print)	El1:	s zabeth	(Long)	Br	ımb a c k	4. DATE OF DEATH	12		13	19 60
5. SEX	6. COLOR OR RACE	7. MARRIED (NEVER MARRIE		ate of Birth t Known		9. AGE (In years last birthday) 100 yrs.	IF UNDER 1 Manths D	YEAR IF UN	
10a. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b. KIND		R INDUSTRY		ate ar foreign co		1	U.S.	A .
	Known FR IN U. S. ARMED FOR	CESS ILA SOC	IAL SECURITY NO.	17 INFOI	Not K	nown	bbA	ress .		
	(If yes, give war or dates of s	ervice)	na		mas Brumi	hack H	ancock			
Conditions, if a gave rise to i cause (a), stoting lying cause last.	The under-	at De	reval	end in de	the Header	ent discel	Pail	al	20,	~ 7~
S Chen	HER SIGNIFICANT CON	Solutions CONT	modra	me,	T RELATED TO THE TER	RMINAL DISEASE	E CONDITION GI	VEN IN PART	YES	AS AUTOPSY REORMED?
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBI	HOW INJURY OF	CCURRED. (E	nter noture of injury	in Port I ar Port	t II af item 1B.)			
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Doy, Yes	ar 20d. INJUR While at work	Not while		OF INJURY (Home, for, street, office bldg.,		or town)	(Co	unty)	(Stote
	at (1) (this haspital		1.3		th accurred at 4	Principle (1101 d'u	the causes ar			ed abave 22b. DATE SIGNET
22c. PHYSICIAN'S	B THOMAS	MM	1. D.	M.D		DIRECTOR D	PHYS.	Md	. 12-	-14-60
23a. BURIAL, CREMATIC REMOVAL (Specify Burts: 24. FUNERAL DIRECTOR	12.16.		c. NAME OF CEMI		obs			shing	ton 1	State)

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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arthur S. Kraus

Md .

(IA)	1. PLACE OF DEATH o. COUNTY Washington MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Washington
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 18 years	02
081	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NOW
	Washington County Hospital	
	3. NAME OF DECEASED (Type or print) Ford Jerrett	Bryan 4. Date Month Day Year Of DEATH December 2 19 60
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Male White WIDOWED DIVORCED	lost birthdoy) Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II	
	Store owner Stationary	Centerville Ohio U.S.
	13. PATHER'S NAME	
	Berlington Bryan	Effie Jerrett 7. INFORMANT Address
	(Yes, no, or unknown) (If yes, give war or dates of service)	
	167-10-4513	Mrs. Evelyn A. Bryan Hagerstown, M
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	k) = = 1/
	DUE TO	+5
	Conditions, if ony, which) (b) Metasta	bis embolis immediat
	gove rise to immediate	
	lying couse lost. (c) Carcan	oma of hung ?8 mos
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WETAStasis to Endocardum	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO NO NO NO NO NO NO
2	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter noture of injury in Port I or Reny II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20d. 20d	e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased fro	
		at death accurred at QAM, from the causes and an the date stated above.
1	Robert Vh Campbell	M.D. ATTENDING MED. STAFF PHYS. 12/3 160
	122c. PHYSICIAN'S NAME (1790) BERT V. L. Campbel	1 Hagerstown Md
	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 12-5-60 Rest Have	en Cemetery Hagerstown, Md. (Stote)
60	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250, REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Scott F. Minnich & Son Hagerstown, Md. DATE DEC 6

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 and by the haspital or attending physician.

TO HOSPIT

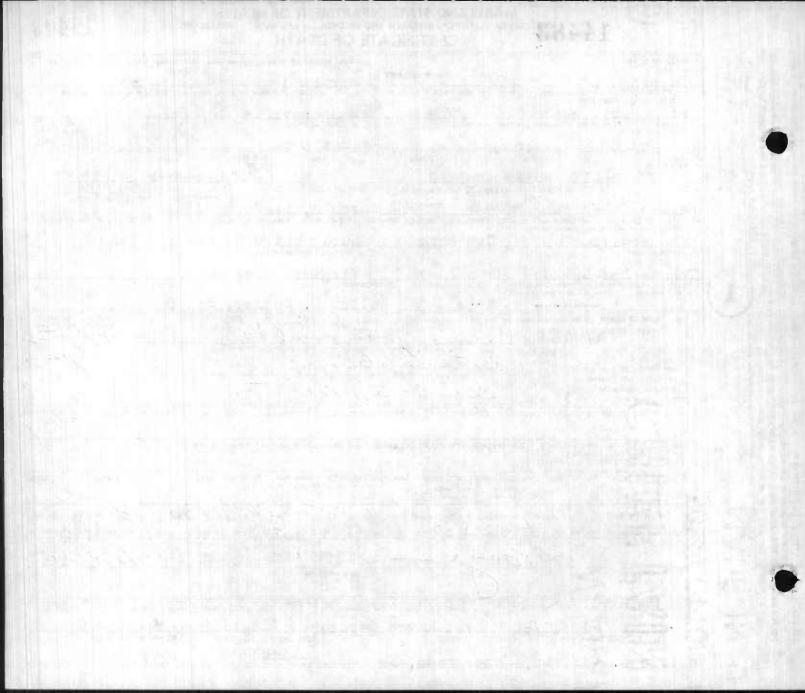
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d by the haspital or attending physician.	MRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral	d be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be 🗓	rd of Health priar to burial, crematian, ar remaval, and in any pettre within 72 haurs ofter death.
Ó	U	4	Name .
D	RE	Ď	0
	-	77	O

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who, STATE	ere deceased	lived. If institution b. COUNTY	on: Residence befo	ore admission)
Washington	MARYLAND	Maryland		Washi	neton	
	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corpor			arest town)
Maugansville	2Nos	Maugansvi	lle			
d. NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION	dress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Box 6		Box 6				YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Mon	th De	ay Yeor
(Type or print) OLLIE SUSAN E	BURKER		DEATH	Degembe	er 14.	19609
5. SEX 6. COLOR OR RACE 7. MARRIED	D NEVER MARRIED B.	DATE OF BIRTH		9. AGE (In years lost birthdoy)		R IF UNDER 24 HR
Female White WIDOWED	DIVORCED	arch 3. 18	97	63 yrs.	Months Days	Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b. KIT					12. CITIZEN O	F WHAT COUNTR
during most of working life, even if retired)	Wawa	Tarmore Dad	an Ca	Va.	USA	
Housewife Ov	mn Home	Luray Pai		V &L	UDA	
3. TATTER 3 HAME		14. MOTHER'S MAIDEN I	4//VIE			
Thomas Lee Burker		Virginia	Breed			
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (Yes, no, or unknown)	CIAL SECURITY NO. 17. INF	ORMANT		Add	ress	
4.0	one Ke	ller C. Bu	rker.	Box 6		
1B. CAUSE OF DEATH [Enter only one couse per line	for (a), (b), and (c).]	augansvill	e. Mc		INI	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	1-15- 7	thorongh	-0-20			ISET AND DEATH
IMMEDIATE CAUSE (o)	1-0-0-1				//	1
260% DUE TO	to all	0				yen
Conditions, if ony, which) (b)		and of				11,0
gove rise to immediate DUE TO	0.00	- holl	etan		31/1/34	The same
lying couse lost.	e sue u	5 / 1000	3			//
PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDITIONS COL						PERFORMED?
200 ACCIDENT WAS LINDEDIVING TO 206 DESCRI	IBE HOW INJURY OCCURRED.	(Enter nature of injury in	Port 1 or Port	Il of item 1B.)		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TO THOU HOUR OCCURRED.	(Elliot Melote et Impory in				
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY Hour o.m. While of work	URY OCCURRED 20e. PLAC	CE OF INJURY (Home, form	, 20f. (City	or town)	(County) (Stot
Hour o. m. While	INOT WILLS	ory, street, office bldg., etc	1			
≥ p. m. 17 of work	ot work	. 2	11/	, , ,	10	
21. I certify that (I) (this hospital) attended	d the deceased from. 🗐	12 19	27.1a_	1-20	1900, 1	hat (I) (we) lo
saw the deceased alive on 11-20	19_60 and that de	oth occurred at 2.7	M, fram	the causes or	d on the dot	e stated obav
220. SIGNATURE		1				22b. DATE
2100	72 M	.D. PHYS. M	ED. RECTOR	STAFF PHYS.	12-	Ila-la SIGNE
22c. PHYSICIAN'S	1	22d. ADDRESS				
NAME (Type)						
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CDEMATORY	224 LOCAT	ION (City James	or county)	/Cantal
REMOVAL (Specify)	ZSC. NAME OF CEMETERY OR	CKEMATORT	230. LOCA	TON (City, town,	or county)	(Stote)
		Demetery		rstown		Md
4. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGIST		STRAR'S SIGNATE	JRE
Andrew K Coffman Hage	anatomn lad	DATE D	EC 19'6	60 a	relien S. Fire	need



funeral director, filed

after death. Page

pe should puo campletely filled Pages 1 within 72 hours after death papers. attending physician and remove carboh R ATTENDING PHYSICIAN: The law requires that the death certificate be to be the haspital ar attending physician. in any event Then please TO FUNERAL DIRECTOR: After this certificate has been signed by the or removal. page 3 shauld be detached far use as the burial-transit permit. The State Board of Health priar to burial, cremation, ar remayal

MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

CEPTIFICATE OF DEATH

	14484		CERTITION	TIE OF BEATITI						
1. PLACE OF DEATH a. COUNTY	Washington	n	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md	ere deceased	1 00111171	Wash			ian)
RURAL and give no	f outside corporate limit earest tawn) nithsburg #2		52 Years	c. CITY OR TOWN (IF o		chsburg		give nea	rest town)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospitat, g	ive street ad	dress)	d. STREET ADDRESS						IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Fire	athy	Middle Laura	Carbaugh	4. DATE OF DEATH	Man De	th BC.	9	,	Year 19 6 0
s. sex Female	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH May 15, 187		9. AGE (In years lost birthday)	IF UNDER	R 1 YEAR Days	Havrs	R 24 HRS Min.
10a. USUAL OCCUPATION during most of war House William FATHER'S NAME	king life, even if retired)	done 10b. Ki	ND OF BUSINESS OR INDU	Incas Ohi 14. MOTHER'S MAIDEN N	0	ountry)		U.S.		OUNTRY
	Paywelt R IN U. S. ARMED FOR		OCIAL SECURITY NO. 17.	Virgini	8	Add	ress			
No.	ATH (Enter only one co			Mrs. George Co	dori,	Smithsbu	irg M		#2 RVAL BE	TWEEN
			l Failure						DA.	DEATH
Conditions, if o gove rise to i cause (a), stating	mmediate the under-		<u>ariosclero</u>	tic Cardio N	lascu	lar Dis	0386	5	Ye	ars

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.)

20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) Day. 20d. INJURY OCCURRED foctory, street, affice bldg., etc.) o. m. While Not while ot work at work p. m.

1955 pto December 1960, that (I) (we) lost 21. I certify that (I) (this hospital) attended the deceased fram. May saw the deceosed olive on December 19 60 and that death occurred at 2:30 from the couses and on the date stated above.

220. SIGNATURE 22b. DATE SIGNED C ATTENDING PHYS. MED. STAFF PHYS. M.D.

22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS Hess.

23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23d. LOCATION (City, town, or county) REMOVAL (Specify)

(Stote)

14404

Smithsburg, Washington REGISTRAR'S SIGNATURE ADDRESS DATE DEC 1 2 '60 C. Fluis S. Hrack

TO HOSPIT VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

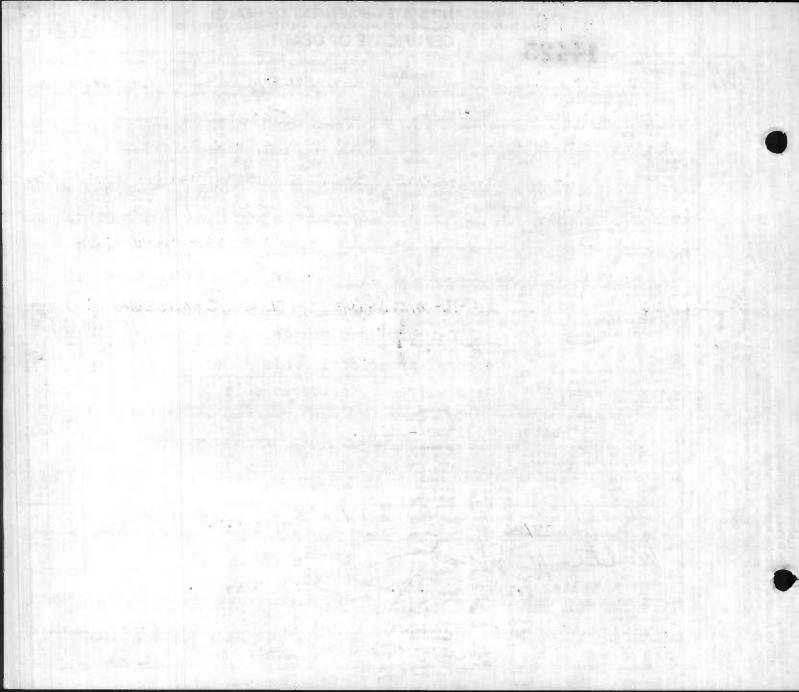
14405

	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. o. STATE	
)	WASHINGTON	MARYLAND	MARYCANO	. COUNTY WASHINGTON
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate lim	its, write RURAL and give nearest town)
	HAGE RSTOWN	4-DAYS	BOONSBOI	(CA)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	WASH. Co. HOSPITA	/	N. MALIN ST	YES NO D
	3. NAME OF First	Middle	Last 4. DATE	Month Day Yeor
	(Type or print)	ATHERING	CASTLE DEATH DE	MEMBER 95. 1960
	S. SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGI	(In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	TEMALE WHITE WIDOWN	ED DIVORCED	DEC . 18. 1889	birthdoy) Months Doys Hours Min.
1	10b. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
d	FLOUSE NIFE	WN HOME	MUEIZSVILLE WAS	H. CO-1710. U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	JOHN C. SH	EPLIEV	SUSAN GROS	SHICKLE
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	IFORMANT	Address
1	NO (in year, give wor or oddes or service)	13-16-0075 W	AVNE CASTLE 130	DONSBORD MO.
	18. CAUSE OF DEATH [Enter only one couse per lin	ne for (o), (b), and (c).]		INTERVAL BETWEEN
/	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cerebral	hemorrhage	ONSET AND DEATH
	33 V DUE TO			
	Conditions, if ony, which) (b) Ce	erebral arter	riosclerosis	1 Yr (?)
	gove rise to immediate	lement limed (arteriosclerosis	5 Yr (3)
	lying couse lost.	eneralized a	il cel loscie losis	3 11 (1)
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
H	PART II. OTHER SIGNIFICANT CONDITIONS OF Diabetes me 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ellitus - mil	Ld.	YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURREN	D. (Enter nature of injury in Port I or Port II of i	tem 18.)
ă		for a	ACE OF INJURY (Home, farm, 20f. (City or tow story, street, office bldg., etc.)	(County) (State
۱	Hour o. m. p. m. 19 While of wor	IAOI MUIIG	soly, steel, enter elegi, etc.,	
	21. I certify that (I) (this haspital) attend	ded the deceased fram	12/21/60 19 10 12	$2/25/60_{19}$, that (I) (we) last
H	saw the deceased alive an 12/25	20	leath accurred at 7:45 from the c	auses and an the date stated abave.
	220. SIGNATURE	1		22b. DATE
	Walle W.	hoo	M.D. PHYS. MED. STA	
H	22c. PHYSICIAN'S NAME (Type) M/C 1+ CT U CT	200 722 35 1	22d. ADDRESS	
	NAME (Type) Walter H. Sh	nealy M. V.	Sharpsburg, Mo	A •
	230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 234 LOCATION (City, town, or county) (State)
	PREMOVAL (Specify) DEC. 28-1960	DOONSBAR	OCEMETERY BANSB	ORO WASH, CO.MD
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS MICOCI	250. REC'D BY REGISTRAR	2Sb. REGISTRAR'S SIGNATURE
	John 1:1000 1000	oals 130Rd Wasi	DATE JAN 3 '61	arthus 9 to

TO HOSPITAL BY RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be read by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Board at Health prior to burial, cremation, or remaval, and in gay event, within 72 hours after death.

VR A1S (4) 1SM 9/59



TO DEPUTY NAEDICAL EXAMINER: This certificate shauld be executed within 24 hours offer death. If ony delay is necessary, please executed the ficate, writing the ward "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funeral of or. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your fit.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,

N

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14406 Reg. Dist. No.

	o. COUNTY Washingto	on	MARYLANI		ryland	ed lived. If institut b. COUNTY			on)		
	b. CITY OR TOWN (If outside corporate lime and give necreat lown) Hagerstown		LENGTH OF STAY IN 18	c. CITY OR TOV		porote limits, write			3		
	d. NAME OF HOSPITAL OR INSTITUTI		1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	d. STREET ADDR	RESS			e. IS RESI			
	Wilson District, Wa	shington	Co., Md.	4842 D	elray Av	e.		YES			
i	3. NAME OF DECEASED (Type or print) RALI	First	Middle HARVEY	CLARK CLARK	4. DATE OF DEATH	Month December	_	Pay Yea 19	60		
			NEVER MARRIED	B. DATE OF BIRTH July 30, 1	932	9. AGE (In years lost birthday)	Months Day	AR IF UNDER	24 HRS. Ain.		
	Male White	WIDOWED				28 yn.					
	10a. USUAL OCCUPATION (Give kind of during most of working life, even if reached Auto Body Mechan:	ired)	OF BUSINESS OR INDU		e, Penns		U.S.	OF WHAT CO	OUNTRY?		
	3. FATHER'S NAME			14. MOTHER'S MAII	DEN NAME		To the first				
	Harvey A. Cla	ark		Dolly	Mc Cull	ough					
_	15. WAS DECEASED EVER IN U. S. ARMI		CIAL SECURITY NO. 17.	INFORMANT		Address			ALT.		
			-24-1022	Harvey A. C	lark Ne	edmore, F	a.				
	18. CAUSE OF DEATH [Enter only or	1	INTERVAL BETWEEN ONSET AND DEATH								
í	PART I. DEATH WAS CAUSED IMMEDIATE CAU	BYI L	act.	Skull	C. 1 Y	1		10 Hus.			
	- 1 C1 6	ETO		3 13 50 1 1				1011			
	Conditions, if ony, which)	(b) Cua	SSAUL C	erelyal	belian	have.					
	gove rise to Immediate cause ((o), stating the underlying (E TO					4 2 4				
	couse lost.										
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 197 19. WAS AUTOPSY										
	3 0 multiple m	o multiple no feasterer ofroit it hip + 1+ . Shoulder conter of yes NO IS									
)	PART II. OTHER SIGNIFICANT Unuly 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200. EXTERNAL CAUSE WAS PRIMARY Des CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CAUSE OF DEATH.									
	3 20c. TIME OF INJURY Month, Do	y, Year 20d. INJU	JRY OCCURRED 20e. PL	ACE OF INJURY (Home	form 206 (City		(County	-	(State)		
3	20c. TIME OF INJURY Month, Do	1960 While of work [Not while of 19	ctory, street, office bldg	1- //ag	es four	wast	in 1	12		
	21. I certify that I took ch	orge of the rem	nains described ob	ove, held on Au	topsy . In	spection X,	Inquiry	X), ond fin	nd that		
	death resulted from: Note	rol couses .	Accident A. Si	vicide [], Homi	icide 🔲, Ur	ndetermined c					
	ACTUAL O	111	7.81					DATE SIG	NED		
	SIGNATURE Schule	W W · &	JIHO ILL		AL EXAMINER	_					
	EXAMINER'S Edward W	. Ditto	111, M. D.		MEDICAL EXAMINER	-		12/1	ø/60		
	220. BURIAL, CREMATION, 22b. DATE TO REMOVAL (Specify)	13/60 6	REENWA	V MEM	BER!	TION (City, lown, o	SPRIN	Stole)	I.VA.		
	2 FUNERAL DIRECTOR'S SIGNATURE Suter - Houzer Fund R. Franklus Rome	eral Home	ADDRESS /	Md DA1	REC'D BY REGISTI		TRAR'S SIGNA That S. T				

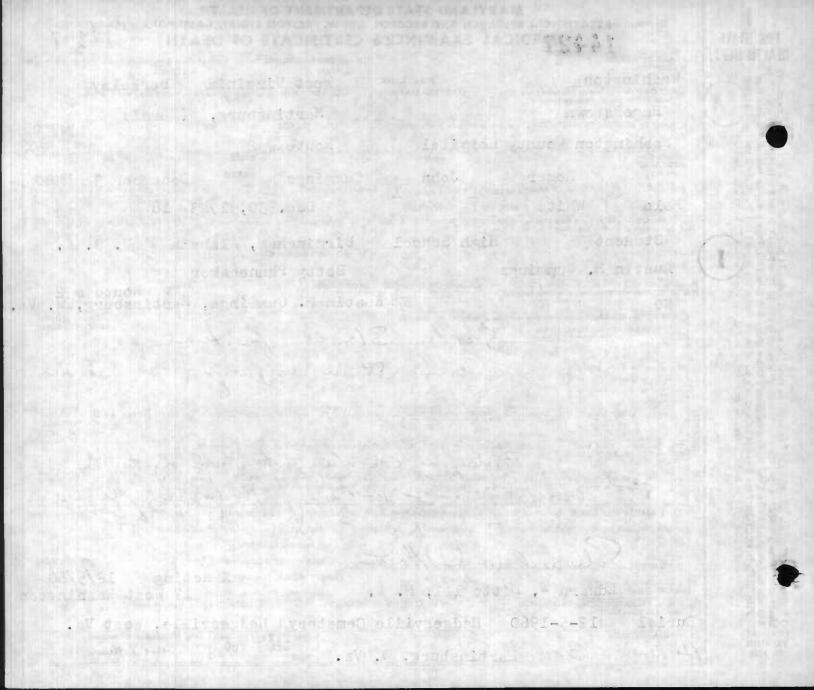
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			25.1-12-116		
		WI COMPERED !	100 000		
				Two and The same	

RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH 42 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH director. Page or your files. 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. COUNTY b. COUNTY Washington West Virginia Berkeley
c. CITY OR TOWN (If outside corporate limits, write RURAL end give heerest town) MARYLAND b. CITY OR TOWN (if outside corporele limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Hagerstown Martinsburg, (Rural) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) for Boar d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State Washington County Hospital YES NO X retained Route death and 3 to the fun NAME OF 4. DATE Month Dev Yeer DECEASED the (Type or print) DEATH Roger John Cummings December with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 9. AGE (In yeers | IF UNDER 1 YEAR S. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. 2 with age 5 may 1 and 2 will 72 hours 1943 yrs. 16 Male White 30,1 WIDOWED DIVORCED Dec. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) e the certificate, writing the word "pending" in pencil in Item 18. Give Pages forwarded to the Chief Medical Examiner's Office along with form PM3. Pages and the Chief Medical Examiner's Office along with form PM3. Student High School Birmingham,
14. MOTHER'S MAIDEN NAME File pages 1 Alabama 13. FATHER'S NAME Austin M. Cummings Betty Pannebaker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Route (Yes, no, or unkown) | (Ilyesgive wer or detes of service) Office along with factorial burial-transit permit amoval, and in any e Martinsburg, Austin M. Cummings, NO INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) certificate should be DUE TO removal, geve rise to immediate cause 10 DUE TO (e), steting the underlying couse last. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 YES NO plnods 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I of Pert II of item 18.) PRIMARY | or CONTRIBUTING | EXAMINER: CAUSE OF DEATH. Chief age 3 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, lerm, 20c. TIME OF INJURY Month, Dey, Yeer 201. (City or Jown) (Stete) lectory, street, office bldg., etc.) 0 the R. P. et work et work prior OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection should be forwarded to FUNERAL DIRECTOR and in my opinion (EDICAL death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER X Acting NAME (Type) Edward W. Ditto 111, M. D. DEPU plnods Address (Street, city, town, or county 217 West Washington 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specily) Burial 0 40 6 -1960Hedgesville Cemetery | Hedgesville, West à 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. AISME DEC 7 160 arihung S. Krais Martinsburg, W. Va. 5M 7/59 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



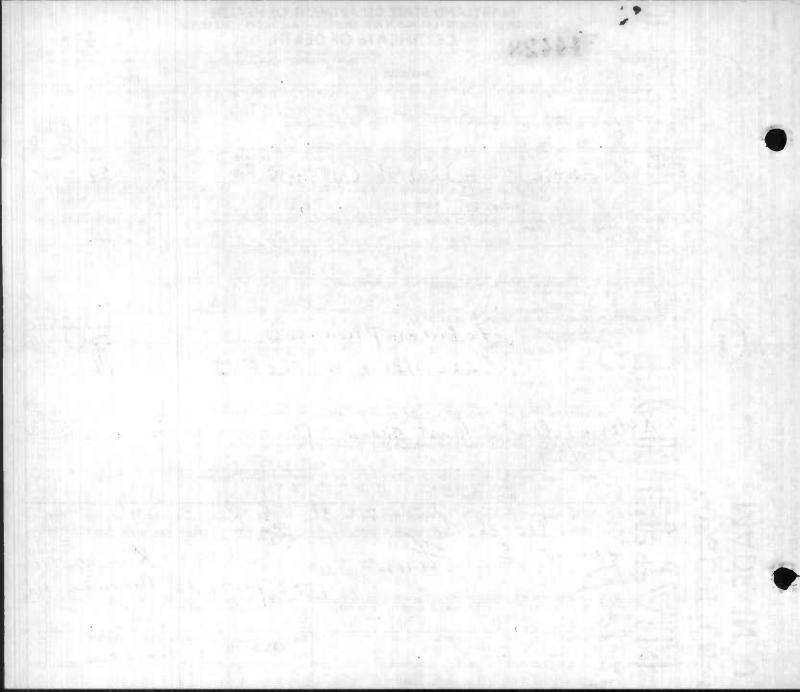
1. PLACE OF DEATH O. COUNTY WASHINGTON MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY IN A SII			
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 18	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)			
RURAL and give nearest tawn) HAGERS TOWN 2 MONTHS	CLEAR SPRING			
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?			
WESTERN MD. STATE HOSP.	MAIN ST. YES NO N			
3. NAME OF DECEASED A First Middle	Last 4. DATE Month Day, Year			
(Type or print) Annie EUZabet	h CUTSHAW DEATH 12 26 1960			
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.			
FEMALE WHITE WIDOWED DIVORCED	NOV. 20, 10/0 90 yrs.			
10a. USUAL OCCUPATION (Give kind of work dane of 10b. KIND OF BUSINESS OR INI during most of working life, even if retired)				
HOUSEWIFE DWN HOME 13. FATHER'S NAME	MARYLAND U.S.A.			
UNKNOWN	UNKNOWN			
	INFORMANT Address			
(Yes, no. or unknown) {If yes, give war or dates of service}	WEY CUTSHAW CLEAR SPRING, MD.			
18. CAUSE OF DEATH [Enter only one cause per like for (o), (b), and (c).]	INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) To bular	Premiera bre week			
154 DUE TO				
Conditions, if ony, which) (b) Carcinos	ma of recture /4 months			
gove rise to immediate cause (a), stating the under-				
lying cause lost. (c)				
Arterio S Clero tic heart de	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
3 Arterios clero Tic heart de	sease Pulmonary emphysema YES NO D			
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter noture of injury in Port 1 or Port of item 18.)			
2	PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.)			
Hour o. m. p. m. 19 While Not while of work of work				
21. I certify that (I) (this haspital) attended the deceased from	n. Oct 3/ 1960, to Dec 26 , 1960, that (1) (we) last			
	t death accurred at PM, from the causes and an the date stated above.			
220. SIGNATURE.	MD. ATTENDING MED. DIRECTOR PHYS. Dec. 27. 1960			
22c. PHYSICIAN'S CHUN	M.D. PHYS. DIRECTOR PHYS. W. 22d. ADDRESS			
NAME (Type)	1500 Penna Ave Hagerstown, Md			
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	OR CREMATORY 23d. LOCATION (City, town, or county) (State)			
BURIAL DEC, 30, 1960 BLAI				
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC: D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			
JOHN F. CLARK CLEAR SPRING.MD.	DATE OF CITTING & H			

he funeral director, should be filed with

after death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be read by the hospital ar attending physician.

TO FUNERAL CRECTOR: After this certificate has been signed by the ottending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the State Board of Health priar to burial, cremation, or remayal, and incany event, within 72 hours after death. VR A15 (4) 15M 9/59



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14409

	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) a. STATE b. COUNTY						
	WASHINGTON	ARYLAND	MARYLAND. WYASHINGTON						
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give neorest town)	TAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)						
	HACERSTOWN		NIT. BRIEZ - KURAL						
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
	WESTERN MID. STATE HOSPITHL		KEEDYSHILLE MO. R YES NO.						
	DECEASED	ddle	Last 4. DATE Month Day Year OF DEATH 10						
	(Type or print) VIC+CR KAX FO	Rec 1	ellife to the total						
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA		B. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Haurs Min.						
	TYTE TO THE TENT OF THE TENT O	RCED _	JANUARY, 31-1891 69 Mrs. 10 25						
	10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINE during mast of warking life, even if retired)	SS OR INDU	STRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?						
	NONE (SETIRE	0	DOONSBORD WASH, CO. MO. U.S.A.						
	13. FATHER'S NAME		14./MOTHER'S MAIDEN NAME						
	HERBERT H. DAGENHAU	TZ	MARTHA MADDRAN						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no, or unknown)		NFORMANT Address						
1	NA: NAVE	M	RS. GGLOIE BENTZ HAGERSTOWN NID						
1	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and		INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY: 1 2 6 7 20 02	PART I. DEATH WAS CAUSED BY: 1707 2007 2							
	IMMEDIATE CAUSE (a) LELL CAUDITALE OF THE TELLIFIE OF THE TELL								
	DUE TO								
	Conditions, if any, which gave rise to immediate (b)								
	cause (a), stating the <u>under-</u> DUE TO								
	lying couse last.) (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJUI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO [7]						
	TO ACCIDENT WAS HAIDERIVING TO JOB DESCRIPE HOW INVITED	DV OCCUPE	D. (Enter noture of injury in Port I or Port II of item 18.)						
	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	KT OCCURRE	D. LENIER NOTUCE OF INJURY IN PORT LOT PORT II OF PORT II OF						
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED	20e. Pt	ACE OF INJURY (Hame, farm, 20f. (City ar lawn) (County) (Stote)						
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Nat while of work of work of work	n fo	ctary, street, affice bldg., etc.)						
	21. 1 certify that (1) (this hospital) attended the decea	sed from	11/10 17 19 10 10 19 19 1 that (1) (we) lost						
	sow the deceased olive on 224 and that death occurred of 24M, from the causes and on the date stated above.								
	sow the deceosed office of 22 and that deoth occurred of 22m, from the causes and on the date stated above.								
	ATTENDING MED. STAFF SIGNED								
	22c. PHYSICIAN'S 22d. ADDRESS								
	NAME (Type) (1076/2 2. ROUTE 3	13, 17	Every hind, State 14 Soins +6 10 500 con						
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF	CEMETERY C	OR CREMATORY 23d. LOCATION (City, tawn, or caunty) (Stote)						
	BURIAL DEC. 29.1960 MT. BA	RIEIL	CEMETERY MT. BRIEZ WASH, CO. MD.						
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE								
	- John W. Past. BOONSE	30120	MD DATE MAN 3 61 Certhun & Harrs						
-			A. Usaus						

HAS RUBIADAD SER DESCRIPTION OF THE PARTY.

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12220

14410

			1.4.6									
1.	PLACE OF DEATH	sjington		MAR	YLAND	o. STATE	Maryla	ere deceased lived. If b. Co	institutio DUNTY	Washi		
	RURAL and give r		ts, write	c. LENGTH OF STA	Y IN 16	c. CITY OR T		utside corporate limits,	write RI	URAL ond giv	e nearest to	own)
	Hagerst			Life		03		rstown			1	
	OR INSTITUTION	TAL (If not in hospital, g				d. STREET A		omac Street	,			RESIDENCE NA FARM?
3.	NAME OF DECEASED (Type or print)	EDNA	st	Middl CAT HE		DAIL		4. DATE OF DEATH DECEM	Mon		Doy 1	79 60
S.	Female	6. COLOR OR RACE White	7. MAR WIDOW	RIED NEVER MARK		B. DATE OF BIRTH September		1895 lost birt	yeors hday)	Months D	YEAR IF UN	
10	. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPL	ACE (Stote			12. CITIZE	N OF WHA	T COUNTRY?
	Housework	rking life, even if retired				Hage	rstow	n, Maryland	i		U.S.A	
13	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
	Harry	R. Mundey					Hele	n L. Gossan	rd			
15	. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY N	O. 17. IN	FORMANT			Addi	ess		
1.	ho	(if yes, give wor or done or s	arvice)	none	R	by L. Mu	ndey	Hagers	stow	n, Mar	yland	
CATION	Conditions, if gove rise to couse (a), stoting lying couse lost.	the under-)	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	OTHE TERMI	nal disease conditi	ON GIV	EN IN PART 1	(o) 19. WA	AS AUTOPSY PROMED?
AL CERTIFI	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)						Port I or Port II of item	18.)			
MEDICAL	Hour a.m.	RY Month, Doy, Ye	While	Nat while at work		ACE OF INJURY (I tary, street, office				(Co	unty)	(Stote
	21. I certify the	at (I) (this hospital) atten	ded the deceased	d fram	AV9-3	12 12	60 to Dec		1960	., that (I) (we) las
	saw the deced 22a. SIGNATYRE 22c. PHYSICIAN'S NAME (Type)	sed blive an	HOU	28-1960, an	d that d	ATTENDING PHYS. 22d. ADDRE	G ME		ses an	d on the	date stat	ed abave 226. DATE SIGNED 2 / 6 0
	4	Hoyd A	10	attm	45	2/1	1 14.	Dotom	26	71		
23	a. BURIAL, CREMATION REMOVAL (Specify)		23c. NAME OF CE				23d. LOCATION (City.		or county)		Stote)
-	Burial	12/3/19	50	Rose Hi]	LI Ce	metery		Hagersto	and the	3		rland
24	Suter - Ho		al Ho	ome Hagerst	own,	Md.		DEC 5 '60		STRAR'S SIGN		

to bidana And the second s E CARLES E L'ENGLES EN L'ENGLE

4	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
#	14431 CERTIFICATE OF DEATH Reg. Dist. No. 14411
B M	1. PLACE OF DEATH O. COUNTY WAShington MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Relidence before admission) b. COUNTY Frankly
old be	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 days Creencaste
18081	d. NAME OF HOSPITAL (If not in hospital, give street address) - d. STREET ADDRESS - Cartisle ST e. IS RESIDENCE ON A FARM? Who have to be a farm? YES NO NO.
des 1 oc	3. NAME OF DECEASED (Type or print) LOUISE E, Middle DIEHL OF DEATH DEC, 100 1960
prefery	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED Mark 8, 1882 9. AGE (In yeors lost birthdoy) Months Days Hours Min.
ond comp bon paper er death.	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign Auntry) 12. CITIZEN OF WHAT COUNTRY? SCHOOL TEACHER PUBLIC SCHOOLS ANTRIM TWP, Franklin Co U.S. A.
ive carbo	John L. Diehl Ellen Kuhn
se remo n 72 ha	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. TX. INFORMANT (18 yes, give wor or dates of service) 164-30 - 4421 The maryland.
e arrenden plea	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c):] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) EVECUAL DEMANDIATE ONSET AND/DEATH Solung ONSET AND/DEATH
nd by mit. The	Conditions, if dry, which gove rise to immediate (b) Estruteid by protession Grave
ond in	couse (o), stoting the <u>under-lying couse lost.</u> DUE TO
nas bee	Part 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
s the bu	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH I FEITHER, NOTIFY MEDICAL EXAMINER)
or use o	20c. TIME OF INJURY Month, Day, Year Hour o. st. 19 20d. INJURY OCCURRED While of work
Ached for achd f	21. I certify that I attended the deceased from June, 1957, ta 1969 that I last saw the deceased alive on 1969, and that death occurred at 3:55 PM, from the causes and an the date stated above.
d be dell prior to 1	ACTUAL SIGNATURE M.D. 27 S. Carlisle St. 12/19/60
JNERAL je 3 shauld registrar p	PHYSICIAN'S P. F. Webster M. D. Greencastle, Penna //
poge 3	220. BURIAL, CREMATION, REMOVALISPOCIFY) 226, DATE THEREOF 22c, NAME OF CEMETERY OF CREMATORY 22d/LOGATION (City, town, or county) (SAOTO) (COUNTY) (SAOTO)
15 (4) 9/55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE

CERTIFICATE OF DEATH	1413
	AG J MA
ALUE VELLEN TO THE TOTAL PROPERTY OF THE PROPE	
The same of the sa	Section 10 12 Th
The state of the s	Planer tedor i vine A.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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HIATO!	
HITTER - TO HAVE BEEN ALIKE	
	A THE RESERVE OF THE PARTY OF T
THE RESERVE OF THE PROPERTY AND ADDRESS.	SEPRICE PROPERTY AND ADDRESS OF THE PARTY OF

after death

TO HOSPITAL PARATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be ret. If by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the State Board of Health prior to burial, cremotian, ar removal, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14433

14413

- 1								
	o. COUNTY			2. USUAL RESIDENCE a. STATE	(Where deceased lived	 If institution: Reside COUNTY 	nce before admission)	
	Washin		MARYLAND	Maryland		Washi	ngton	
1	b. CITY OR TOWN (I RURAL and give no	f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate li	mits, write RURAL ond	give nearest town)	
	Hagersto			02 Hager	stown. M	arvland		
	d. NAME OF HOSPIT	AL (If not in hospital, give street	address)	d. STREET ADDRES	S		e. IS RESIDENCE ON A FARM?	
		ton County Ho	spital				YES NO NO	
I	3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Year	
1	(Type or print)	Baby	Girl	Dowd	DEATH	12-	28 1960	
	S. SEX			12/2/1	(CO) 9. AC	st birthday) Months	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.	
-	Female	Colored WIDOW		//		yrs.	# 17	
		ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDUS	MAR	Y LAN L	12.01	W-SA	
	13. FATHER'S NAME Fred &	2 Dowd,	2h_	14. MOTHER'S MAID	Tou Po			
ŀ	S. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	vage	Address		
-	(Yes, no, or unknown)	(If yes, give war or dates of service)	7	red D, h	lowd 430	Book PL.		
	18. CAUSE OF DEA	ATH [Enter only one cause per li	ne for (g), (b), and (c).]		100000000000000000000000000000000000000		INTERVAL BETWEEN	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ilelecto	sis			onstraint bearing	
1	762	DUE TO	1 -	A.A			al bust	
1	Conditions, if a	Conditions, if any, which) (b) Immalurele						
	gave rise to i	mmediote DUE TO)				
1	lying couse last.	(c)		/				
	PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE COI	NDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO	
20o. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)								
	Z 20c. TIME OF INJUR	Y Month, Day, Year 20d. II	NJURY OCCURRED 20e. PLA	CE OF INJURY (Hame,	form, 20f. (City or to	own)	(County) (State	
	Hour o.m.	While at wor	Not while fac	tory, street, office bldg.	, etc.)	/		
		it (I) (this haspital) aftend	led the deceased fram	12/27	1960, to	12/28/18	C, that (I) (we) last	
	saw the deceas	17/- 0	- 1-	/ -	7 4	6	ne date stated above	
	220. SKINATURE		Vacan dila mara	03001100 025	4_4.00	000000 0110 011 11	22b. DATE	
	Ih	1 Dr-		M.D. ATTENDING	MED. ST DIRECTOR PH	AFF HYS.	13/3/1/ 0	
	22c. PHYSICIAN'S NAME (Type)	-D. Bow.	UM, MAN	22d. ADDRESS	N. P.	Tonke	- 5/	
-	23a. BURIAL, CREMATIC		23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION	(City, town, or county)	(State)	
	BREMOVAL (Specify)	Dec 31 1960	Rose Will	Cemitery	HAG	RERSTON	UN Md.	
	24. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	60.	REC'D BY REGISTRAR	25b. REGISTRAR'S S	IGNATURE	
	John K Walson & Hagevitown FND, DATE JAN 9 161 Contra & Kome							

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14414

14485

1.	PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
-	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	BURAL and give nearest town)	VO O
-	d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
	OR INSTITUTION	ON A FARM?
=	NAME OF First Middle	120011313010 IUDIKI
3.	DECEASED	OF 1
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	MALE MIDOWED DIVORCED	FER 4-1881 To yrs. 10 3 Hours Min.
10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI	
14	KETINED TARIVIELS OWN TARIVI	MOLESVILLE FIRED . CO.IVID. US.A.
1/3	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	CACOB DUBEL	CHARLATTE RENNER
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.1	NFORMANT Address
13	10. 220-10-3943 L	EWIS T. DUBEL BOOKSBORD MD. R.L.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN QUISET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	heart failure 27 cons
	450 DUE TO	
	Conditions, if ony, which) (b) Jewell get	enternyclerosis -
	gove rise to immediate couse (a), stating the under-	
	lying couse lost. (c)	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
		YES NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)
		LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
MEDICAL	Hour o. m. p. m. While Not while of work of work	octory, street, office bldg., etc.)
-	21. 1 certify that (I) (this hospital) attended the deceased fram	4-29-, 1959, to 12-6-, 1960, that (1) (we) last
		death accurred at A.M. fram the causes and an the date stated abave.
	220. SIGNATURE	22b. DATE
	Heimer !	M.D. PHYS. MED. STAFF PHYS. 12/8/60 SIGNED
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS 21 North Main St.
1	Joseph Secondari	Boonshoro, Md.
23	D. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town, or county) (State)
L	BIRIAL DEC. 9, 1960 BENEVOLA	CEMETERY BENEVOLA WASH, COMP.
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	Jahn W. Doest BOONSBORD 1	MD: DATE DEC 13'60 Grilling S. Kraus

Then please remave carbon papers. Pages 1 and 2 should be filed with page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Tages I and a smooth we have a shauld be detached for use as the burial, cremation, or remaval, and in any event, within 72 hours after death of SECONDAR TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be reheat by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the continuous physician and campletely physic VR A1S (4) 1SM 9/59

ofter death. Page 4

e funeral director

TARBETT CRIMEATE OF DEATH AND STATE OF THE PROPERTY OF T - RELATION - A PROPERTY SHEET THE VICENTIAN THOMAS DOUGH ASSESSED. A CALL DIVINE THE PARTY STATE AND THE STATE OF THE PARTY THE CANDELL STREET SHOULD SEE THE SECOND SEC 220-/0 3943 LEWIL T. DUBEL L. Consession Mol. the state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14415

1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased a. STATE	lived. If institution: Residence b. COUNTY	before admission)
WASINGTON		MAKYLAND	WASHIN	Mary April 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpor	rate limits, write RURAL and giv	re nearest town)
HAGERSTOWN	2 DAYS	KURAL		
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
WASH, CO.	HOSPITAL	KERDYSYLLE	100. R.A	YES NO
3. NAME OF DECEASED First	Middle	Last 4. DATE	Month	Day Year
(Type or print) CANKLIN	1 FRAV F	AVEV AR DEATH	VECEMBER	27. 196
S. SEX 6. COLOR QR RACE 7. MARI		B. DATE OF BIRTH		YEAR IF UNDER 24 HR
THATE WIDOW		Pat-4-1060	lost birthdoy) Months D	Pays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b.		STRY 11. BIRTHPLACE (State or foreign co		EN OF WHAT COUNTRY
during most of warking life, even if retired)	KI 10 01 003111233 0K 11 10 0.			
NONE		I WASH, Co. 1	VID. U	Six
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
CHRANKLIN LEROY	EAVEVSR.	LENA	COLE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	IFORMANT	Address	
NO.	NONE FI	PANKLIN L. EAVEY	KEEDYSVIL	UE IMP.
18. CAUSE OF DEATH [Enter only one couse per li				INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: GOS	troenteritis			7 Jare
DUE TO		PRINCIPAL STATE OF THE		
	mitional dof	101000		
gove rise to immediate	ritional def	reread		I mo.
couse (o), stating the under-				SELECT FACE
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPS' PERFORMED?
5 Early Pneumonia				YES NO
	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I or Part	It of item 1B.)	
	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City	or town)	ounty) (Stot
Haur o. m. While	Not while fac	ctory, street, affice bldg., etc.)	or idwiij (Co	(3101
₹ p. m. 19 of wor				
21. I certify that (I) (this haspital) attend	ded the deceased fram.	10/5 19.50 to	12/27 , 1950	_, that (I) (we) la
saw the deceased alive on 12/2	1 10	leath accurred a 10:10 M, fram		
220. SIGNATURE // //	A A	373342,777, 11011	cooses and on the	22b. DATE
Charles - Des	2 M.D.	M.D. PHYS. PHYS. MED. DIRECTOR	STAFF 12	/30/60 SIGNE
22c. HYSICIAN'S		22d. ADDRESS		
NAME (Type) Charles F.	Hess M.D.	Smithsburg	, d.	
230 BURIAL, CREMATION, 23b, DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 224 LOCAL	TION (City, town, or county)	/Chatal
REMOVAL (Specify)	25c. NAME OF CEMETERY O	23d. 10CA	(City, lown, or county)	(State)
170KIAL 17EC 31, 1960	THING GOLD	CENIETE RY ISIN	The same of the sa	a MD.
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. REC'D BY REGIST		NATURE
John J. Wast E	IDDAS BOKED 1	DATE DATE	'61 Cathur &	4

Page 4 the attending physicion and campletely filled in the entire of arector. Then please remove carbon papers. Pages 1 and 2 should be filed with 904-4-4-ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hour may be reached by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in b and in any event within 72 haurs ofter depth. page 3 shauld be detached for use as the burial-transit permit. the State Board of Health priar to burial, crematian, ar removal, TO HOSPITA VR A1S (4) 1SM 9/S9

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TO FUNERAL TO HOSPITA

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Wa	shington		MARYLAN		o. STATE Maryla		l lived. If institution b. COUNTY	rede		ission)
b. CITY OR TOWN (RURAL ond give no Hagerston	If outside corporate limitearest town)	ts, write	c. LENGTH OF STAY IN Since 5/9/6	11	c. CITY OR TOWN (If or		rote limits, write RU	JRAL ond gi	ve nearest to	wn)
OR INSTITUTION	TAL (If not in hospitol, garyland Sta				d. STREET ADDRESS	8th	Street		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fin IAN		Middle Mc MI C M AE	-	EDWARDS	4. DATE OF DEATH	Mon! DEC		Day /7	Yeor 1960
5. SEX Female	6. COLOR OR RACE White	7. MARI	NEVER MARRIED	_	DATE OF BIRTH 21 March 191	.2	9. AGE (In years last birthdoy)		YEAR IF UN Days Hour	7
10a. USUAL OCCUPATIOn during most of work Minister	king life, even if retired		KIND OF BUSINESS OR I						SA	COUNTRY
13. FATHER'S NAME			ni de militario	1	4. MOTHER'S MAIDEN N					
William E					Elizabeth (Callan				Jan.
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of s	· I Innium		W. R	rmant aymond Edwar	rds (Same as		2)	
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	the <u>under-</u> DUE TO	CA	RCINOMAT RCINOMA	05/ 0F	OVARY				20 11	nys nout
ІСАТІС			CONTRIBUTING TO DEATH					EN IN PART	PERI	S AUTOPSY FORMED?
G (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	URRED. (Enter noture of injury in F	Port I or Port	t II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Yes	20d. 1 While of wor	Not while		OF INJURY (Home, farm y, street, office bldg., etc.		or town)	(Co	ounty)	(Stote
21. I certify the saw the decea	at (1) (this haspital sed alive an D) attend EC_1	ded the deceased fro 719 <u>60</u> , and th	am /	th accurred at 700		DEC 17		date state	
Author	uio U. Pe	Cla	gron	M.D		D.	STAFF PHYS.	17	Dec 19	
22c. PHYSICIAN'S NAME (Type)			ACROSI		WESTERN	MA.	STATE !	405F1		ASTON
23a. BURIAL, CREMATIC REMOVAL (Specify) Burial	12-20-6		23c. NAME OF CEMETER				rick Cour			tote)
24. FUNERAL DIRECTOR M. R. Etc	rs signature hison & Son	, Fr	ederick, Mar	ylan	d 250. REC'T	BY REGIST		Thur &		

14435 Market And An Children of The Res Contract Annual Asserting Processing of the second se THE REPORT OF THE PARTY OF THE THE PROPERTY OF THE PROPERTY O Table 1 and the control of the contr Dell'account account the second of the secon

the attending physician and completely filled in the funeral director. Then please remave carbon papers. Pages 1 and 2 shauld be filed with

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

14417

14486	CEKTIFICA	IE OF DEATH		
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	o. STATE	nere deceased lived. If institution b. COUNT	washington
	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	autside corporate limits, write	RURAL and give nearest town)
Hancock	20 Yrs.	Fairview	Drive	
d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION	ddress)	d. STREET ADDRESS	1	e. IS RESIDENCE ON A FARM? YES NO
Home		Hancock I		
3. NAME OF DECEASED (Type or print)	Middle	lost	OF	Day Year 2 19 60
S. SEX 6. COLOR OR RACE 7. MARRIE	Edith	B. DATE OF BIRTH	9. AGE (In year	
			last birthday	Months Days Hours Min.
F W WIDOWED		9.24.1898	62 yr	
10a. USUAL OCCUPATION (Give kind af work dane 10b. K during most of warking life, even if retired)	IND OF BUSINESS OR INDU	SIRY II. BIRIHPLACE (Slote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sewing Machine Oparato	r	Great Ca		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
John L Dowson		Mary Si	nith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Se (Yes, no, or unknown) (If yes, give wor or dates of service)	OCIAL SECURITY NO. 17. 11	NFORMANT	Ac	ddress '
No	Ch	arles F Eft	fland Hanco	ck Md.
1B. CAUSE OF DEATH [Enter only one cause per line	for (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	cronary	occlu	Sion	5 hall
DUE TO		A .	2	
Conditions if you which	as a settled	e hent	- Fr: 1.	e laurs
gove rise to immediate	0 W 0 -2 110	· near	, , , , , , ,	
couse (o), stoting the under-	t	tive les	diccore	2000
lying couse lost. (c)	15731260143	I IC VICERY	CI 12 SALE	WENT IN BARY 1/- ID WAS AUTORSY
PART II. OTHER SIGNIFICANT CONDITIONS CO	* 1 4-	NOI RELATED TO THE TERM	MAL DISEASE CONDITION O	PERFORMEDY
3 DIABETES VIET	ITIS a	nd Chron	ic NEph	LOZIZ AEZ NO
200. ACCIDENT WAS UNDERLYING 20b. DESCI	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port 1 or Part II of item 1B.)	
3 20c. TIME OF INJURY Month, Doy, Year 20d. IN.	JURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form	n, 20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. IN. While of wark	1401 WIIII6	ctory, street, office bldg., etc	2.)	
		70-1 24 10	50. 12 = 2 i	3 10 / 2 11 1 11 1 1 1 1
21. I certify that (I) (this hospital) attended	1 -		28. to 12 - 2	19 60 that (I) (we) last
saw the deceased alive an	2 19_9_ , and that a		M, fram the causes of	and an the date stated above.
Fral Bothon DI	M. J.	M.D. PHYS.	ED. STAFF PHYS.	12-24-6 SIGNED
22c. PHYSICIAN'S		22d. ADDRESS		1
Trank 03 Thos	M III 2pm	DI Hanc	ock N	1d.
23g. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town	n, or county) (State)
REMOVAL (Specify) Burial 12-26-60	Mt. Nebo Cen	etenn	Great Canon	Mongan W WA
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. REC	D BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
Handred & Meno	Homeson	nol DATE	60 2 0 100	Inthung & Krauk
1 mora (xum	Harres	7 7		A. IVANA

TO HOSPITAL RECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, as should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board at Health priar to burial, cremation, or remayal, and may event, within 72 haurs after death. VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	PLACE OF DEATH D. COUNTY Was	shington		MARYLA		CTATE	Maryla		lived. If instituti b. COUNTY				iion)
	RURAL ond give ne	outside corporate limi arest town) cerstown	ts, write	c. LENGTH OF STAY IN	1 0		own (If o		ote limits, write f	URAL ond	give nea	rest town	a)
	OR INSTITUTION	AL (If not in hospitol, g			1	d. street address 613 Ravenswood Drive						FARM?	
	NAME OF DECEASED (Type or print)	ALIC		Middle KATHER I	NE :	Los FEARNO		4. DATE OF DEATH	Mor De		Do 23	,	Yeor 1960
S. :	Female	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED ED DIVORCED		Feb. 2		5	9. AGE (In years last birthday) 45 yrs.	Months	Days	Hours	Min.
10d. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schoolteacher Education Salem, W. Va. 12. CITIZEN C. Salem, W. Va.										USA		OUNTRY	
13.	FATHER'S NAME				1	4. MOTHER'S	MAIDEN N	IAME					
16		old W. White			17, INFO		herine	e McAl					
(Ye		If yes, give war or dates of s	ervice)	54-07-5362		larenc	e Fear	rnow	613 Rave				n, Md.
MEDICAL CERTIFICATION	PART I. DEA' Conditions, if or gove rise to in cause (o), stating I lying couse lost. PART II. OTH	TH WAS CAUSED BY: IMMEDIATE CAUSE (control of the control of the c	Met Abd Mal Mal		trop	erito	nea.l	Lympl	OMA.		8	9. WAS	nthe
MEDICAL	20c. TIME OF INJUR' Hour o. m. p. m.	Y Month, Doy, Ye	ar 20d. I While at wor	Not while		OF INJURY (, street, office			or town)		(County)		(Stote
		ed alive on De		ded the deceased f 23_19_60 and t 			G M MI ESS 100	M, from	Dec. 2; fine causes an STAFF PHYS. fession own, Ma	nd an th	e date	stated 60	SIGNET
230	BURIAL, CREMATIO REMOVAL (Specify)	, ,	0F 30	23c. NAME OF CEMET			v		ION (City, town, erstown	or county)		(Stot	te) yland
24	FUNERAL DIRECTOR			ADDRESS		0.110 001	-	D BY REGISTI		ISTRAR'S S	IGNATU		120110
		Funeral Ch	napel		town,	Md.		C 2 7 '6	0	Thung &			
1	4	They. Co	,1	4000 X									

O HOSPITATOR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours may be rested by the haspital or attending physicion.

O FUNERAL WIECTOR: After this certificate has been signed by the attending physicion and campletely filled in page 3 should be detached for use as the buriol-transit permit. Then please remaye corban papers. Pages 1 and 2 the State Board at Health priar to burial, cremation, ar remayal, and in ony event, writing hours after death. TO FUNERAL E TO HOSPITA

VR A15 (4) 1SM 9/59

after death. Poge 4

he funeral directar, should be filed with

death. offer bours with been si burial-tronsit attending physician ATTENDING PHYSICIAN: The low by the haspital ar attending returning this certificate the burial, 00

CERTIFICATE OF DEATH

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Washington MARYLAND Washington Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hagerstown vears 1120 Carroll Hights Boulevard d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION Hagerstown, Maryland Washington County Hospital YES NO Middle Year DECEASED 1960 OF DEATH December EDWARD FINK GEORGE (Type or print) S SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. Months November 2, 1915 Male White WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? Field Service Rep. Lireraft Company Buffalo, New York U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward George Fink Borghild Gjersvig 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Mrs. Dollymae Fink Hagerstown, Maryland 071 -07-0396 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. CATION PART IS. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, 20d. INJURY OCCURRED Year (County) (Stote) foctory, street, office bldg., etc.) Hour o.m While Not while ot work at work 21. I certify that (1) (this haspital) attended the deceased fram. Dec 7 to Lec. 17 1960, that (1) (we) last 17 1960 and that death accurred at . W. from the causes and an the date stated above. saw the deceased alive an 220. SIGNATUR ATTENDING PHYS. STAFF M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 115 W. Washington St. 23a. BURIAL, CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Forest Lawn Cemeterv Buffalo. New York Remova 2 Suter - Rouzer Funeral Home 250. REC'D BY REGISTRARO 25b. REGISTRAR'S SIGNATURE Hagerstown, Md. Franklin Boryon DATE

may be red D FUNERAL 0 VR A15 (4) 1SM 9/59

detached

WECTOR:

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ofter death. Page 4

CERTIFICATE OF DEATH

1	o. COUNTY Washing	rton		MAR	YLAND	o. STATE	land		lived. If instituti b. COUNTY a.ahing		efore admiss	ion)
ŀ	b. CITY OR TOWN (If	outside carporote limi	its, write	c. LENGTH OF STAT	Y IN 1b	-			te limits, write R		nearest town)
	RURAL ond give neo			7 Mos	q	13	Ha. ora	rstow	n			
1	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g				d. STREET A	DDRESS	HI VIII				FARM?
-		Ingham Ro				1132	So L	ocust	St		YES	NQ.
	3. NAME OF DECEASED	Fir	rst	Middle		Los		4. DATE OF	Mor		/	reor .
		CATHERINE	7	HOLSBERE		GRIFFE	DOD 1-0 -00	DEATH	Dece	7		
	S. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARR	RIED	. DATE OF BIRTH	1	9	. AGE (In years last birthdoy)	Months Do	-	R 24 HRS. Min.
	Female	White	WIDOW			August		1862	98 yrs.			
	10a. USUAL OCCUPATION during most of warking	(Give kind of work	dane 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPL	ACE (State	or foreign cou	intry)	12. CITIZEN	OF WHAT C	OUNTRY?
1	Housewife	_		wn Home		Philip	pi B	arber	Co W.	Va. U	SA	
1	13. FATHER'S NAME					14. MOTHER'S						
1	Isaac	Holsber	rrv			Mati	lda	(no r	ecord)			
1	15. WAS DECEASED EVER		CES7 16.	SOCIAL SECURITY NO	O. 17. IN	FORMANT			Add	ress		
	No	yes, give war or dores or s		one	Mr	Ersa	Whip	p 132	So Lo	cust S	t	
F	18. CAUSE OF DEAT	H [Enter only one co).]	Hap	erst	own M		1	NTERVAL BE	TWEEN
		H WAS CAUSED BY:	.)	Car	dea	1. 0	Loy	1700	1		NSET AND	DEATH
1	1420	DUE TO				,	1	1 /				
1	Conditions, if on	10	. C	Peterre	seli	to	hea	it al	reuse		3112	12
	gove rise to im	mediate (20-1	
H	lying couse lost.	e under-	,									
		R SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DI	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(c	1 19. WAS	AUTOPSY
7	CATIC										PERFO	RMED?
	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY N	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRED	. (Enter nature o	f injury in I	Port I or Port I	II of item 1B.)			
	20c. TIME OF INJURY	Month, Doy, Ye		NJURY OCCURRED	20e. PLA	CE OF INJURY (Home, farm	, 20f. (City o	or town)	(Cour	ty)	(Stote)
	Hour o.m.	None 19	While at wor	Nat while	ide	None	blug., etc.	1	-			-
	21. I certify that		l) attend	ded the deceased	fram	May 1	3 19	60 _{.ta} _1	Dec. 6	160	that (I) (we) last
	saw the decease											
	22a. SIGNATURE	n	/							11111111111	22	b. DATE
	1 16	m 11.1	w	rce		A.D. PHYS.	G MI	RECTOR	STAFF PHYS.	12-7	-60	SIGNED
	22c. PHYSICIAN'S NAME (Type)	Dr. John	ח ייי	200		22d. ADDRE	SS N	Potome	c Street	Herere	town	Md
	(Name J. Spe)	DI • OOMI	D • 10	11 00			C 11 •	I O COMA	0 001000	,-110 go 1 c	, ,	1710
-	23a. BURIAL, CREMATION	I. 23b. DATE THEREC	OF .	23c. NAME OF CEA	METERY OF	CREMATORY _	0.22	23d. LOCATIO	ON (City, town,	or county)	(Stot	e)
	Burial (Specify)	12/9/60)	Philippi		ternal	ery	Philip	ond Be	rher	CO M	Va
	24. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			25a. REC'	D BY REGISTR		STRAR'S SIGNA	TURE	
	Andrew K.	Coffman	Hage	erstown 1	d		DATDE	8 '60	av	hon & the	ud	

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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF D	EATH		MARY	(I AAND	2. USUAL RESIDENCE (W	here decease	d lived. If institution	on: Residence	before admi	ission)
	shington				Marylai			Wash	ingto	n
RURAL on	OWN (If outside corporate lind give nearest town)	nits, write	c. LENGTH OF STAY	12	c. CITY OR TOWN (IF		orote limits, write R	URAL ond give	nearest to	wn)
Hagers			25 yr	S.	Hagers	town				
d. NAME OF	HOSPITAL (If not in hospital, TUTION	give street	oddress)		d. STREET ADDRESS				e. IS RI	A FARM?
755	West Washing	cton	Street		755 W. Wa	shing	ton St.		YES [□ NO 1
3. NAME OF DECEASED		irst	Middle		Last	4. DATE OF	Mon		Day	Year
(Type or prin	") Florence		Mav		rooms	DEATH	DECE		18	19 60
S. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRI	ED B	DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1 Y		
Fema	e White	WIDOWE	ED DIVORCE	0 🗆	Sept. 18.	1872	88 yrs.	Months Do	ys Hour	s Min.
10a. USUAL OC during mos	CUPATION (Give kind of work t of working life, even if retire	done 10b.	KIND OF BUSINESS O	OR INDUST		or foreign c	ountry)	12. CITIZEI	OF WHAT	COUNTRY?
	ewife		At home		Maryla			I	L.S.A	
19. FATHER'S N	AME				14. MOTHER'S MATDEN	VAME				
) W477	tom Bonzhof	f			Mary Ann	Man T	1			
YS. WAS DECE			SOCIAL SECURITY NO	. 17. INF	ORMANT		W. Wash	That or	0 5+	
No.	(If yes, give war or adies of		None	Siz	san Grove	Hore	rstown.	MA COI	1 00.	
	OF DEATH [Enter only one					mage	rs cown,	130	INTERVAL	BETWEEN
	T I. DEATH WAS CAUSED BY	110	Para Cusa	INIMA	11 Nortun	14		TUNE I	ONSET AN	D DEATH
7	IMMEDIATE CAUSE	(o) CV	une Carro	VWW MI	y occount	7			3 /h	40 +
	DUE T	0								
	ns, if ony, which	(b)								
	stoting the under_ DUET	0								
lying cou	re lest	(c)						74.71		
Z PAS	TIL OTHER SIGNIFICANT CO	NDITIONS C	CONTRIBUTING TO DE	ATH BUT N	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1	(o) 19. WA	SAUTOPSY
CATI										FORMED?
20a. ACCIL	DENT WAS UNDERLYING I	41	CRIBE HOW INJURY O	CCURRED	(Enter notute of injury in	Port I or Por	t II of item 18.)			
_	NOTIFY MEDICAL EXAMINER									
	OF INJURY Month, Doy, Y o. m.	While	NJURY OCCURRED Not while		CE OF INJURY (Home, fare ory, street, office bldg., etc		y or town)	(Cou	inty)	(Stote)
×	p. m. 19	of wor	k ot work		6		CA			
21. I cert	ify that (I) (this haspite	al) attend	ded the deceased	fram.	Jet / 19	(OL) . ta.	18 Nec	1900	, that (1)	(we) last
saw the	deceased alive an 16	Dec	19 (d), and	that de	eath occurred at 2	M. fram	the causes an	d an the c	late state	ed abave.
22o. SIGN										22b. DATE
1 %	TA SUAM	11		M	D. PHYS.	ED.	STAFF PHYS.			SIGNED
22c. PHYSI	TANGE	11.		- "	22d. ADDRESS	A.	6.0/	1	-	M
	(Type) F. F. LUS	by			230NP	lome	ust x	tayers	Ann	1/14
23a. BURIAL, C	REMATION, 236. DATE THERE	OF	23c. NAME OF CEM	ETERY OR	CREMATORY	23d. LOCA	TION (City, town,	or county)	(SI	ofe)
Buria	(Specify) Dec. 20	.196	O Rivervi	OTAT (Cemetery	Will	iamspor	+ Ma	7	
	RECTOR'S SIGNATURE	2 1 1	ADDRESS.	on	/	D BY REGIS		STRAR'S SIGN	ATURE	
110	of X tool	Will	Company	1160				Uner S. K		
cua	a l'enge	000	21109/20 7	-	DATED	C 21 '6	U Ch	UNIT A. 16	P-01/4/PM	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 14440

	A-A-A-1-U-			400000000000000000000000000000000000000	1-1-		5			
o. COUNTY Was	nington		MARYLANI	0 5	TATE	Where decease	b. COUNTY		before admin	sion)
b. CITY OR TOWN (If a RURAL ond give near Hagerstown	rest town)	s, write	c. LENGTH OF STAY IN 1	b c. C		If outside corporation	prote limits, write R	URAL ond gi	ve nearest tow	n)
d. NAME OF HOSPITAL OR INSTITUTION Washington	(If not in hospitol, gi]d. 5	323 W.		Blvd.		ON	SIDENCE A FARM?
NAME OF DECEASED (Type or print)	Firs WILLIA		Middle FRANCIS	HAN	lost IILL	4. DATE OF DEATH	Mon Decembe:		Doy 16	19 60
. sex Male		7. MARR	RIED NEVER MARRIED DIVORCED	Octo	of BIRTH	1880	9. AGE (In years lost birthday) 80 yrs		YEAR IF UND Days Hours	Min.
Retired Pol:	g life, even if retired)	-	ity of Hagers	town	Piedmon	t, W. I		400	S.A.	COUNTRY
3. FATHER'S NAME	Unknown			14. M	Unknow:					
. WAS DECEASED EVER			SOCIAL SECURITY NO. 17	7. INFORMAL	TV		Adde	ess		
	yan give wor or dollar of se panish-Ame			Mrs. V	/irginia	Sites	Hagers	town,	Maryla	
Conditions, if ony gove rise to impose (o), stoting the lying couse lost.	mediote DUE TO	Cer	terioschiot	tec 1	least) sei	ase.		5424	res,
PART II. OTHE		OITIONS O	CONTRIBUTING TO DEATH	BUT NOT REL	ATED TO THE TE	RMINAL DISEAS	SE CONDITION GIV	EN IN PART	PERF	AUTOPS' DRMED?
20a. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Enter	noture of injury	in Port I or Po	rt II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yea	r 20d. II While of wor	Not while		NJURY (Home, f et, office bldg.,		y or town)	(Cc	ounty)	(Stot
21. I certify that saw the decease 220 SIGNATURE	10	attend //5	led the deceased fra 1% and tha				12/16 the causes an		date state	
PECTOE 22c. PHYSICIAN'S	Luning	0		M.D. PH	TENDING YS.	MED. DIRECTOR	STAFF PHYS.		121	SIGNE
NAME (Type)	reorge	/	'ennings'		3645. 4	ashing	ton St.	1-1490	erstoa	13/
3a. BURIAL, CREMATION REMOVAL (Specify) Burial	12/19/19	f 60	Rose Hill C				TION (City, town, corstown,	or county)	(Sto	
Suter = Rous	signature zer Funera					EC'D BY REGIS	TRAR 25b. REGIS	STRAR'S SIG	NATURE	3,010

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VS. ATSME(5) 5M 9/55

	TITZES MEDICAL EXAMINER'S CITTIFICATE OF DEATH
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Block of the late	

VS. A15ME(5) 5M 9/55

						-BALTIMORE,	
1	44 MEDICA	AL EX	AMINER'S	CERT	IFICATE	OF DEATH	

Reg. Dist. No. 14425

-		LACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)						
M	,		hington		MARYLAND	o. STATE Mary	land b. COUNT	Washin	gton			
VI.	ь	ond give nearest town)	tside corporate limits, write R	URAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	outside corporate limits, write	RURAL and give n	earest town)			
		Hagerstov	m		50 yrs.	GHagerstown						
				not in hos	pital, give street address)	d. STREET ADDRESS e. IS RESIDEN						
X	H	alfway (E	Esso Stat	ton)		1910 Vir	ginia Ave.		YES NO NO			
	-1	NAME OF DECEASED Type or print)	Guy		Robert	Hessong	4. DATE Monti	h Day	Year 19 60			
	5. S	EX	COLOR OR RACE 7	MARRIE	D NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years lost birthday)	IFUNDER TYEAR				
		Male	White	VIDOWED	DIVORCED [July 4 18'		Months Days	Haurs Min.			
	10a	USUAL OCCUPATION	(Give kind of work do		IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	ar foreign country)	12. CITIZEN O	F WHAT COUNTRY?			
-17		Labor	me, even il temocij	Ta	nnery	near Gr	eencastle Pa	U.S.	A			
1	13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
I)	(unknow	m) He	sson	ıg	Unknow	wn					
	15. (Yes.		IN U. S. ARMED FORCE yes, give war or dates of ser		SOCIAL SECURITY NO. 17. III		Hessong Hag	O Virgi	nia Ave.			
7	VIION	Conditions, if any gove rise to immedia (0), staling the uncause last.	derlying DUE TO	TIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INALDISEASE CONDITION GIVE		9. WAS AUTOPSY PERFORMED?			
a.	CERTIFICATION	20g. EXTERNAL CAUSE PRIMARY OF CONTI	WAS 20b.	DESCRIBE	HOW INJURY OCCURRED. (E	nter nature af Injury in Par	t 1 or Port II of item 18.)					
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year	20d. II While at wo	Nat while facts	CE OF INJURY (Home, form ory, street, office bldg., etc.		(County)	(Stote)			
		21. I certify tha	t I took charge o	of the r	emains described abo	ve, held an Autops	y 🗷, Inspection 🔲,	Inquiry 🗌	, and find that			
		death resulted for	rom: Natural co	uses Z	Accident, Sui	cide 🔲, Homicide	, Undetermined o	ause .				
		ACTUAL SIGNATURE	wEW)	1	ust Ja	_M.D. CHIEF MEDICAL EX		13	DATE SIGNED			
2		EXAMINER'S NAME (Type)	MEI	1/ 1	ITTOS	ASSISTANT MEDICAL		//	6/60			
9	220 B	BURIAL CREMATION, REMOVAL (Specify)	Dec. 8-	60	Manor Cemet		Near Tilghm		(Stote) Md.			
D.	23.	EUNERAL DIRECTOR'S	SIGNATURE XECY a	Vil	liomsport,	Md 240. REC'	D BY REGISTRAR 24b. REGI	STRAK'S SIGNATU				

TALA TEDIONE EXAMINER'S CERTIFICATE OF DEATH C. TONE . INC. IN COMPANY STATE OF THE PARTY CERTAIN TO A PROPERTY OF THE PROPERTY OF THE PARTY OF THE

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

1448 PIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Washi:	ngton		- Cut	MARYLAN	. 1	USUAL RESID	ence (who		d lived. If institut b. COUNT		eri	9	ion)
b. CITY OR TOWN (If RURAL and give nec	outside corporate limi	ts, write	c. LENGTH	OF STAY IN	16	c. CITY OR TO	OWN (If or	utside corpo	rote limits, write	RURAL ond	give ned	rest town	n)
Conocochea			2	days		Mye	rsvi	lle			10X	- ol	-
d. NAME OF HOSPITA OR INSTITUTION IN	ursing Ho	ome	address)			d. STREET AL	DDRESS						FARM?
3. NAME OF DECEASED (Type or print)	Grove		F.	Middle	Hor	ine		4. DATE OF DEATH	Mo 12		7	,	Yeor 160
5. SEX	6. COLOR OR RACE	7. MARE	NED NE	ER MARRIED	8. DA	ATE OF BIRTH			9. AGE (In years				ER 24 HRS
male white widowed Divorced 6/21/1889 71								lost birthdoy)	Months	Days	Hours	Min.	
10a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF B	USINESS OR IN	NDUSTRY	11. BIRTHPLA	ACE (State of	or foreign co	ountry)	12.CI	TIZEN OF	WHAT	OUNTRY
farm OWN	ng life, even if relired)	f	arm		Ma	ryla	nd			U.	S.	
13. FATHER'S NAME	<u> </u>				14	. MOTHER'S							
Joshua D.	Horine					Ali	ce S	chile	dknecht				
15. WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give war or dates of s	CES? 16. ervice) 21	SOCIAL SEC	-6718 ₁	7. INFOR		e Hor	ine,	Myers	dress 7111e	e, M	d.	
Conditions, if on gove rise to in couse (o), stoting t lying couse lost.	mediale ()	CONTRIBUTI	NG TO DEATH	BUT NOT	T RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION G	VEN IN PA		9. WAS PERFO	vo.
PART II. OTH	CAUSE OF DEATH	20b. DES	CRIBE HOW	INJURY OCCL	JRRED. (Er	nler nolure of	Finjury in P	ort I or Por	t II of item 18.)			YES [NO 🔀
20c. TIME OF INJURY Hour o. m. p. m.		ar 20d. I While of wor	NJURY OCC	hile		OF INJURY (H			or town)		(County)		(Stote)
21. I certify that saw the decease 226. SISNATURE 122c. PHYSICIAN'S NAME (Type)	Savid	IC.	49			h accurred ATTENDING PHYS. 22d. ADDRE	05.30		the causes a STAFF PHYS.			stated	(we) last d abave b. DATE SIGNED 7/60
23a. BURIAL, CREMATION	12/9/19		4	B. Cen				9.6	TION (City, town, rersvil	9 "	Md.	(Sto	łe)
24. FUNERAL DIRECTOR'S	SIGNATURE	, Mi	ADDR ddlet		Md.		250. REC'E	BY REGIST		ISTRAR'S S	IGNATU	RE	

Description of Strong and a strong The Lot of the Control of the Control and Ribrarian Convidency

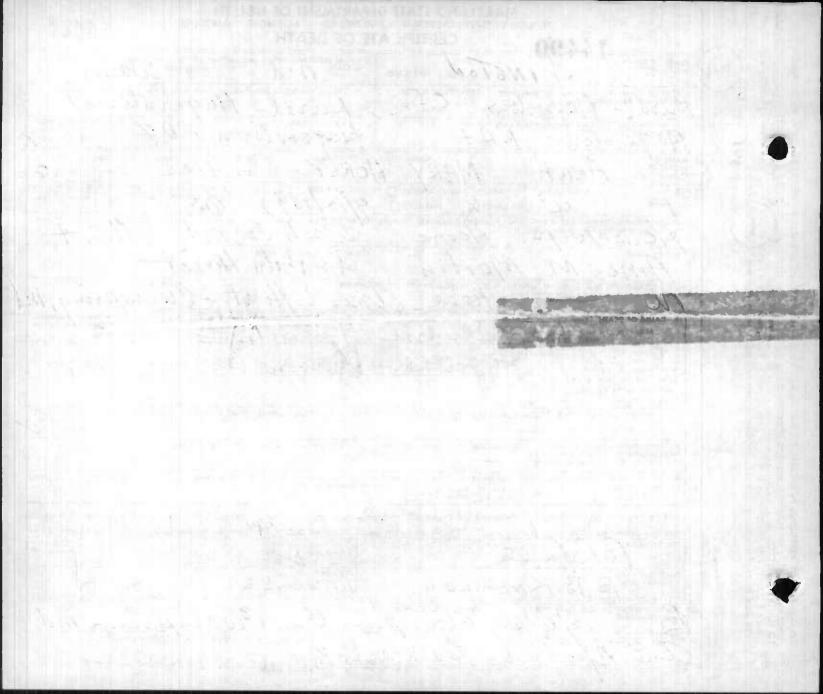
PLACE OF DEATH

ofter death. Page 4

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE
b. COUNTY

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OSP	y be	JNE	Je 3	Stat
H	ma	D FL	bod	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hoors after death.
TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician on completely filled in	poge 3 shauld be detached for use as the buriol-transit permit. Then plase remave carbon papers. Pages 1 and 2	
VR 15	Se may be need by the haspital ar attending physician.	9/5	(4)	

- 4		
	by OTTY OR TOWN (If outside corporate limits, write c. LENGTH OF STATYN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give neutral - Hagers town	earest tawn)
	d. NAME OF HOSPITAL (It not in hospital, give street oddress). All yen town RD4 Alagens town RD4	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) ANNA Middle HORST 4. DATE OF DEATH DEC 2	Day Year
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lift hirthdoy) WIDOWED DIVORCED 4/13/1897 9. AGE (In years lift hirthdoy) Months Days	AR IF UNDER 24 HR Hours Min.
	House Here Home Wash. Co., md. U.	S. A.
	American Martin Amanda Horst	
8	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT & Horst - Clearof	ring, h
		ITERVAL BETWEEN NISET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause last. DUE TO (b) Hy Pert & Su-E Pasculer Priesse. (c)	10 yes.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF LITTLE AND THE MEDICAL EXAMINER!	19. WAS AUTOPS PERFORMED? YES NO
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur o. m. 19 of work of work 19 of work	y) (Stat
	21. I certify that (I) (this haspital) attended the deceased fram 2cc 2 1960, to 2cc 2, 1960, saw the deceased alive on 2cc 21960, and that death occurred of M, from the causes and on the do	thot (i) (we) la
	220. SIGNATURE DIRECTOR STAFF M.D. PHYS. DIRECTOR PHYS.	22b. DATE SIGNE
	22c. PHYSICIAN'S NAME (Type) B. B. KNEISLEY, 148 W. Workigth St. Hagerston	hy.
	30. JORIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Cu. 23d CONTON (City, Idwn, or country)	(Stote) Md
	4. FUNESAL DIRECTOR'S SIGNATURE APPRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DECK 160 DATE 150 CONTROL OF THE PERSON OF THE PERS	TORE

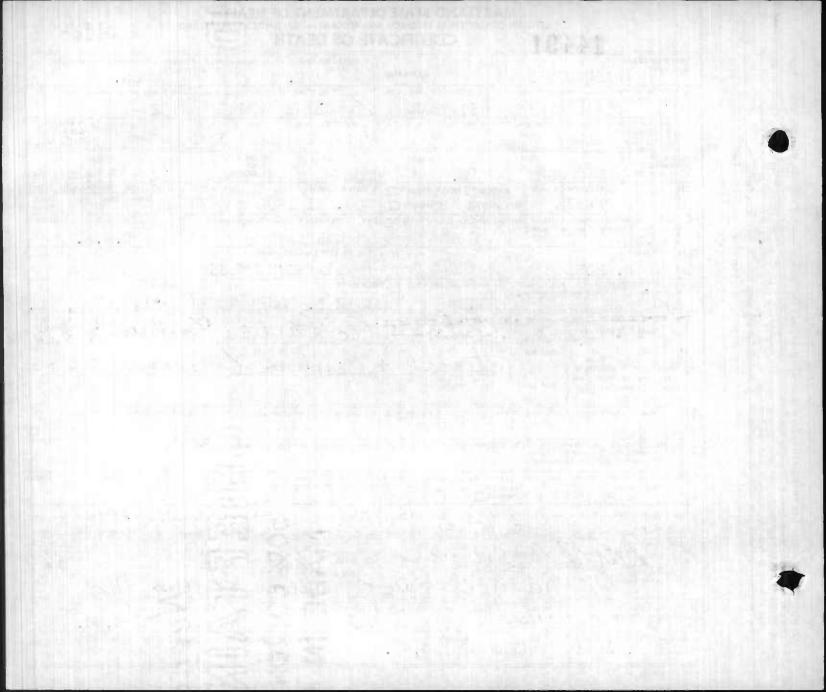


VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14491

	LACE OF DEATH				2, USUAL o. STAT		here deceased	lived. If institution b. COUNTY	on: Residenc	e before adm	ission)
	WASHI			MARYLAND OF STAY IN 16		MD.			WASH.	•	
	 CITY OR TOWN (If outside con RURAL and give nearest town) 	c, CITY	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	TRAL CLEAR	SPRING	57	YEARS		CLEAR	SPRINC	RT	2		
(NAME OF HOSPITAL (If not i		eet oddress)		d. STR	EET ADDRESS				e. IS R	A FARM?
	BLAIRS VALLE	EY ROAL			BLA	IRS VA	LLEY F	ROAD			NO D
	NAME OF DECEASED	First		Middle		Last	4. DATE OF	Mon	th	Day	Yeor
	Type or print)	JOHN	D.		HOSE		DEATH	I	2	I5	19 60
S. S	EX 6. COLO	R OR RACE 7. N	ARRIED NEV	ER MARRIED	8. DATE OF	BIRTH	9	P. AGE (In years lost bigthday)	The state of the s	YEAR IF UN	_
MA	LE WHI	TE WIDE	OWED 🔂	DIVORCED [NOV.	2i I8	82	78 yrs.	Months	Days Hour	s Min.
10o	USUAL OCCUPATION (Give ki	nd of work done	Ob. KIND OF B	USINESS OR INC	USTRY 11. BIF	THPLACE (Stote	or foreign cou	untry)	12. CITIZ	EN OF WHAT	COUNTRY?
	during most of working life, ev LABOR	en ir refired)	FARI	N	M	ARYLAN	D		U	S.A.	
13.	FATHER'S NAME				14. MOTE	HER'S MAIDEN	NAME				
T	AVID B. HOSI	i)			HI.	TZABET	H GUES	SFORD			
	WAS DECEASED EVER IN U. S.	ARMED FORCES?	16. SOCIAL SEC	URITY NO. 17.	INFORMANT			Add	ess		
(Yes	no, or unknown) (If yes, give w	or or dotes of service)	NONE	TA	TATTER	T. HO	SE CI	EAR SP	RING	RT 2	MD
	18. CAUSE OF DEATH [Enter	only one couse p	ATSVATAN.	6), and (c),1			4 1		0	INTERVAL	BETWEEN
	PART I. DEATH WAS C	AUSED BY:	(P)	5	(10	Car	diac	Taul	June	ONSET AN	DOEATH
	IMMEDIA	TE CAUSE (o)	1	· uas	Co	1	0	1		-0.	rowo
	ラミケメ	/-	101	100 -	+ 10,	. Ou	20 01	1 00 10	0,0	51	100
	Conditions, if any, which gove rise to immediate	1	nui	we .	v c	ne u	e v	ceu	aco	107	- ca
	couse (o), stoting the under-	DUE TO								V	
7	lying couse lost.) (c)									
10	PART II. OTHER SIGNIF	ICANT CONDITIO	NS CONTRIBUTI	NG TO DEATH 8	UI NOT RELATI	ED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PARI	PERI	FORMED?
CA										YES [NO
CERTIFICATION	20g. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	YING 20b. OF DEATH EXAMINER)	DESCRIBE HOW	INJURY OCCUR	RED. (Enter not	ure of injury in	Port I or Port	II of item 18.)			
₹ S	20c. TIME OF INJURY Month,	Doy, Year 20	d. INJURY OCC			JRY (Home, far		or town)	(C	ounty)	(Stote)
MEDICAL	Hour o.m. p.m.		hile Not w	une	foctory, street,	office bldg., et	c.)				
2					0		10.	Acc. 1	5/	'A	
	21. I certify that (I) (thi	N. a.	15- 1	^ /	/		2.6. Q.ta 2			S that (I)	
	saw the deceased alive	an	17-1-19E	20, and that	death acci	urred at/_1.	M, fram f	he causes an	d an the		22b. DAJE
	Lava	LRX	Ereu	ren	M.D. ATTEN	NDING N	AED.	STAFF PHYS.		12/	16/60
	22c. PHYSICIAN'S NAME (Type)	11:11	D'R	\$0 \ A	22d. A	DDRESS	M	1	1	20 1	
	Da	VIa	1111	1 ewa	27	Cle	er by	prin	9 1	red,	
23a		ATE THEREOF	23c. NAM	AE OF CEMETERY	OR CREMATO	RY	23d. LOCATI	ON (City, town,	or county)	(5)	tote)
BI	JRTAL (Specify) 12	/18/196) [BLAIRS	VALLE	Y	(CLEAR S	PRIN	G, MD.	
24.	FUNERAL DIRECTOR'S SIGNAT		ADD ADDR			25a. REC	D BY REGISTR	AR 2Sb. REGI	STRAR'S SIG	NATURE	4+64
	OHN F. CLAR	K CLE	AR SPR	ING, MD		DATE D	EC 2 3 '60		11 0	4	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14429

4 3/2 V	EP	11102 CERTIFICATE OF DEATH
octo	87	1, PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 5, COUNTY 5, COUNTY
Pedir >	270	O. COUNTY WASHINGTON MARYLAND O. STATE D. COUNTY WASHINGTON
a fi	23	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ded d b	3 0	RURAL and give nearest town) (SOONSBORD RUBAL 584EARS BOONSBORD RURAL
ter hau	1	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
0 22	30	OR INSTITUTION 150005BORA NOD-13,2 150005BORA NOD-13,2
and is a	2	- Landispers (the Ne
4 P-	1.	DECEASED
hin 2		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS.
with		lost birthdoy) Months Doys Hours Min.
ple ers.		TEMALE WITTE WIDOWED DIVORCED CONTROL STATE OF S
Can		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 11. BIRTHPLACE (State or foreign country)
and an 2 hc	. 6.4	HOUSE WIFE DWN HOME ZITTLESTOWN WASH, CO-MID. WISH
an arb		13. FATHER'S NAME
sicio vith		WILLIAM KAVEENIAN ANNIE REEDER
phy ma nt, v		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown)
ang e e re		NO MONE MIS. ROY HUFFER PRONSBORD MO. K.Z.
eath endi		18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).]
P # d 5/	1	PART I. DEATH WAS CAUSED BY: Meno Science Near Wisease will 5 mm
the The	1	DUE TO MILL IN INC.
幸至	1	Conditions, if ony, which)
ned ermi		gove rise to immediate DUE TO
sign.		couse (o), stoting the under-
w ricia		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ohys ohys as b al-tr	1	PERFORMED? YES \(\text{NO} \(\text{Y} \)
The Parison	()	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)
ndin cat		20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ICT, atte		
a bu	1270	Hour o. m. While Not while foctory, street, office bldg., etc.)
or this		1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2
Nasp Nasp Affee ed f ed f		21. I certify that (I) (this haspital) attended the deceased from 1960, to 2/ No. 1960, that (I) (we) last
R: A Be	gu.	saw the deceased alive an old file 1940, and that death accurred at A.M. from the causes and an the date stated above.
det det		226. SIGNATURE ATTENDING MED. STAFF SIGNED M.D. PHYS. DIRECTOR PHYS. D
Red led		ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22c. PHYSICIAN 22d. ADDRESS
auld		NAME (Type) F F LU S DV
1 0 0 0	150	1 1 7 2 3 NY 1 30 1/1 1 W 11/4 34
HOSPII	^	23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
o HOO o FUN page the St	y	DURIAL DEC. 36.1960 MOSAISBORD CEMETERY MONISBORD WASH, CO. MID
	111	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REGISTRAR'S SIGNATURE
VR A15 (4) 1SM 9/59	V	Jasu & Dast BOONSBORD MD. DATE JAN 3 '61 arthur & Krons

of 370 Miles

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be recorded by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 the State Board of Health prior to burial, cremotian, ar removal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14430

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE b. COUNTY	before admission)				
Washington MARYLAND		ington				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Hagerstown, Md.	Hagerstown, Maryland					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
421A. Sumans Ave.	421A. Sumans Ave.	YES NO				
3. NAME OF First Middle	Last 4. DATE Month	Day Year				
(Type or print) James Daniel	Jones OF DEC	30 19 60				
5. SEX 6. COLOR OR RACE 7. MARRIED DEVER MARRIED	S. S. I.	YEAR IF UNDER 24 HRS.				
Male Colored WIDOWED DIVORCED	Feb 26 1980 80 yrs.	Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired)	STRY 11. BIRTHPLACE (State or fareign country) 12. CITIZI	EN OF WHAT COUNTRY?				
Laborer Public utilit:	ies Amherst County Va. USA	1.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
John Jones	Nollie Xeales.					
	NFORMANT Address	N. P. L. L. M.				
(Yes, no, or unifigún) (If yes, give war for dates of service)	rs Sallie L. Summers 421A Su	mans Ave.				
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	1/ 1	INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OFFICE OF THE	- How beneve	ONSET AND DEATH				
Na nur to		1700				
Continue of an orting	Paraelyns -	6 200				
gove rise to immediate	70000	,				
couse (o), stoting the under-						
lying couse lost. (c)	TAKET PELATER TO THE TENNING BUSINESS COMPUTION CHIEF IN BART	1/-1/20 WAS AUTORSY				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?				
		YES NO				
206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II af item 18.)					
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Co	ounty) (Stote)				
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to Mhile Nat while of work at work at work	ictory, street, affice bldg., etc.)					
1	Ne/14/3 10/0 12 30 10/0					
21. I certify that (I) (this hospital) attended the deceased frame		2, that (I) (we) last				
soft the deceased blive on the 1200, and that a	death accurred at M, from the causes and an the	22b.DATE				
They Myceum	M.D. PHYS. DIRECTOR PHYS.	1/2 /SIGNED				
22c. PHI SICIAN'S	224 ADDRESS	13/01				
NAME (Mpe) Philip J. Hirshman, M.D.	159 W. Washington St.					
·	Hagerstown, Maryland					
23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY C		(State)				
Burial Jan 3 1961 Telson Cha		d				
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGI					
John Mulson & Nachhrand M	DAJEAN 9 '61 arthur S. Fir	aus				

Carried and and an arrange of the State of t

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narma (adf		The wife of the contract of		mod gard full	
	distriction,	Marietown		.oM ,resder	
M. 0	. 674 877	mys .Also		eva branch.	1181
	ears Date	Tabas L	Leined	Januari.	
		201 26 1881		Detoted	Male
1 1 1 1 1 1 1 1	.at winds	Javenick and	Find to million	1910	54.3
	97 H-04	11.00 0[4.			
. STA Streets A.	SA, o temporal	Mrs Callie L.			V at
		** 5 5 A			
					2.4
		Man and Loga	Telding M.H.		

Washington

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

after death. Page

1. PLACE OF DEATH a. COUNTY

CERTIFICATION

MEDICAL

Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give negrest town)

o. STATE Maryland b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest fown)

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

rn Ave. Extd.

R #6 Ru	ral Hagers	stown 35 Yrs.		X Rural	Hager	stown R#6		9		
OR INSTITUTION	AL (If not in hospitol, given that the Hagers	ve street address) stown R#6		d. STREET ADDRESS Rural	Hager	stown R#6			ON A YES	
NAME OF DECEASED	First	Middle		Last	4. DATE	Mont	th	Da	у Ү	ear
(Type or print)	LULA	M		KANE	DEATH	Dec	.21,		1	960
. SEX	6. COLOR OR RACE	7. MARRIED X NEVER MARRIE	D 8.	DATE OF BIRTH		9. AGE (In years lost birthdoy)			IF UNDE	
Female	White	WIDOWED DIVORCED		Dec.9,1892		68 yrs.	Months	Days	Hours	Min.
0a. USUAL OCCUPATIO during most of worki Housew	ing life, even if retired)	one 10b. KIND OF BUSINESS OF OWN Home	R INDUST	RY 11. BIRTHPLACE (Stote of Kentuc		ountry)	12. CI	TIZEN OF USA	WHATCO	DUNTRY?
3. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME					
	Unknown			Unknow	n					
S. WAS DECEASED EVER Yes, no, or unknown] (I	IN U. S. ARMED FORCE If yes, give wor or dates of ser	215-14-2029		ormant ert Kane Hage	rstow	Addr n, Md.R/6		hern	Ave	Exto
	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Try, which (b). The mediate (b).	/	(ca)	edial /	NA	pctiz	7n		ERVAL BET SET AND	

lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)

MED

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year

20d. INJURY OCCURRED While Nat while

test

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)

PERFORMED? YES NO

(Stote)

GNED

Hour 0. m at work at work p. m. 21. I certify that (I) (this haspital) attended deceased fram saw the deceased alive an

Young

760

(Stote)

an the date stated above.

Ralph

23b. DATE THERE

ATTENDING PHYS. M.D. 22d. ADDRESS

OF CEMETERY OR CREMATORY

Haven Cemetery

death

STAFF PHYS. DIRECTOR [E. Potomac St. Williamsport

23d. LOCATION (City, town, or county)

(County)

REMOVAL (Specify) ial 24. FUNERAL DIRECTOR'S SIGNATURE

NAME ()

23a. BURIAL CREMATION,

ADDRESS Rest Haven Funeral Chapel

Hagerstown . Md .

Hagerstown 250. REC'D BY REGISTRAR

fram the

25b, REGISTRAR'S SIGNATURE arthur & Krous

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

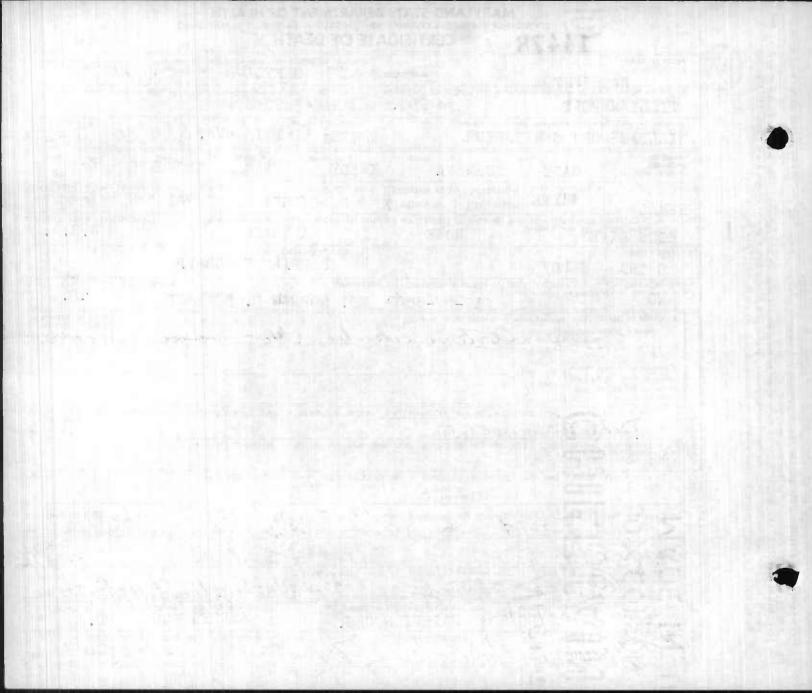
14478

14432

	1. PLACE OF DEATH O. COUNTY WASHINGTON		MARYI		2. USUAL RESIDENCE (W. o. STATE MAF	Where deceased RYLAND		on: Residence WASH]				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) 4 YR5.			110	S. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN							
0	d. NAME OF HOSPITAL (If not in haspital OR INSTITUTION PORT SAN		d. STREET ADDRESS 828 VIGINIA AVE. e. IS RESIDE									
1	3. NAME OF DECEASED (Type or print) MARY	First GEN	NEVA Middle	K	EEDY Lost	4. DATE OF DEATH	DECEN	BER	Day 17	Year 19 60		
-	S. SEX 6. COLOR OR RAC WHITE				5/29/188	1	9. AGE (In years last birthday) yrs.	Months	Days Hou	Irs Min.		
	IOa. USUAL OCCUPATION (Give kind af wo during most of working life, even if retir HDUSLWIFL	rk done 10b. KIND red)	HOME	R INDUST	11. BIRTHPLACE (Stor		ountry)	12. CITIZ		A.		
1	O THA KEEDY				14. MOTHER'S MAIDEN HARRI		OHRER					
1	(Yes, no, of unknown) (If yes, give wor or dates	of service)	9-07-88		MR. NORMAI	N D. R	Add OWLAND	reRAGE	RSTON MI	N .		
	PART I. DEATH Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	Y: (o) CETE TO (b)			otee it	eart)) i se a se		ONSET A	BETWEEN ND DEATH		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20- 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING COURSED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINE) 20c. TIME OF INJURY Month, Day, Haur a.m. p. m.	Year 20d. INJUR	Y OCCURRED Not while of work	20e. PLAC	E OF INJURY (Home, far ry, street, affice bldg., e	rm, 20f. (City	or town)	(C	ounty)	(Stote)		
	21. I certify that (I) (this hospits saw the deceased olive on 1 220 SIGNATURE **CONTROL FREE PRISING NAME (Type) 22c. PHYSICIAN'S NAME (Type)	92			ATTENDING	MED. DIRECTOR				(we) lost ed obove. 22b. DATE SIGNED 2/19/6		
	230. BURIAL, CREMATION, 23b. DATE THER	REOF 230 20/60	FAIRVI		CREMATORY EM.	23d. LOCA1 KEI	ION (City, town, DYSVIL	or county)	MD.	Stote)		
	24 FUNERAL DIRECTOR'S SIGNATURE	Has	ADDRESS P	10-4	250. REG	C'D BY REGIST	RAR 25b, REGI	STRAR'S SIG				

TO HOSPITA RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be ret. d by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon-pagers. Pages 1 and 2 should be filled with the State Board of Health prior to buriol, cremation, or removal, and in ony event, within 72 haurs after death. VR A1S (4) 1SM 9/59



14433

	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution	on: Residence before admission)
	· COUNTY Washington	MARYLAND	o. STATE Marvl	and b. county	Frederick
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate limits, write R	URAL and give nearest town)
	RURAL and give negrest town) Hager Stown	l day	Fred	erick	
	d. NAME OF HOSPITAL (If not in hospital, give street	- · · · · · · · · · · · · · · · · · · ·	d. STREET ADDRESS	GITON	e. IS RESIDENCE
	OR INSTITUTION				ON A FARM? YES NO IN
	Washington County Hos				
	3. NAME OF First DECEASED	Middle	Last	4. DATE Mon	
	(Type or print) Albert		efauver	DEATH 12	70 1960
	5. SEX 6. COLOR OR RACE 7. MARK		B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
	male white widow	ED DIVORCED	9/5/1874	86 yrs.	307. 1100.
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	te or foreign country)	12. CITIZEN OF WHAT COUNTRY
	mitarnan ret.	ailevay	Marvl	and	TT C
	13. FATHER'S NAME		14. MOTHER'S MAIDEN		0.0
	Dichand Vafarran		T		
1	Richard Kefauver	SOCIAL SECURITY NO. 17.	Laura To	MS Add	ress
1	(Yes, no, or unknown) (If yes, give war or dates of service)	Dr		Kefauver, Mid	ddletown, Md.
	no	no-ru-	· Noan B.	rectauvel , mil	
	18. CAUSE OF DEATH [Enter only one couse per li	ne for (o) (b), and (c).	1		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Vandality.	of arlere	Belleczes	J Jine
	DUE TO	0 1	0 11.	/	3/2.
	Conditions, if ony, which) (b)	Coreto	al stalin	or hoge	Citted &
	gove rise to immediate couse (a), stating the under-	Con			
	lying couse lost. (c)				
	_	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE CONDITION GIV	EN IN PART 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS				PERFORMED?
		CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	in Port I or Port II of item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
		NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fo	arm 20f (City or town)	(County) (State
	Hour o.m. While	Not while fo	ctory, street, office bldg.,		(Coomy)
	p. m. 19 of wor	rk ot work			
	21. I certify that (I) (this haspital) attend	ded the deceased fram.	DR. 0 16	1960 to FRE-19	19.60 that (I) (we) las
	saw the deceased glive on Rec14	1962, and that c	death accurred at	M, fram the causes an	d an the date stated above
	220. SIGNATURE	02 02		71	22b. DATE SIGNED
	11-11.2016	201	M.D. PHYS.	MED. STAFF PHYS.	3101422
- 4	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
	Dr. Gerald W. Le	eVan _	Boonsh	oroNd	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C		23d. LOCATION (City, town,	or county) (State)
	REMOVAL (Specify)			Middletow.	Мд
1	burial 12/22/1960 24. FUNERAL DIRECTOR'S SIGNATURE	Lutheran C	emetery 250 RI	C'D BY REGISTRAR 255 REGI	STRAR'S SIGNATURE.
1		iddletown. M	d. DATE	DEG 2 7 60	which a.

TO HOSPITAL BY TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be rely do by the hospital ar otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremation, or remayol, and in any frent, within 72 hours after death. VR A1S (4) 1SM 9/59

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ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

4 1 1 77165

CEDTIEIC ATE OF DEATH

14434

		144/1		CERTITI	CA	L OI DEAI	***			
7	PLACE OF DEATH					2. USUAL RESIDENCE	(Where deceased		Residence befor	re admission)
Proper	o. COUNTY Wa	shington	Co.	MARYL	AND	o. STATE	Va.	b. COUNTY B	erkele	y
1	b. CITY OR TOWN (If RURAL and give ned	outside corporate limits,	write c.	LENGTH OF STAY I	N 1b	c. CITY OR TOWN	(If autside corpor	ote limits, write RUR	AL and give nea	irest town)
H	Williamsp	ort		9 days		Marti	nsburg		85 X	- 3
		L (If nat in haspital, giv	e street add	Iress)		d. STREET ADDRESS	S			e. IS RESIDENCE ON A FARM?
	Williamspo	ort Sanita	rium		59	7 Lincoln	Drive			YES NO
	3. NAME OF DECEASED	First		Middle		Lost	4. DATE OF	Month	Do	y Yeor
	(Type or print)	Wilson	1	Daniel		Kelchner	DEATH	Dec.	8	19 60
	S. SEX	T Fo .	- MARRIED	NEVER MARRIE	D 🔲 8	DATE OF BIRTH		4 4 4 4 4 4 4	Onths Daxs	IF UNDER 24 HRS. Hours Min.
	Male		VIDOWED		_		72	88 yrs.	6 2	
	10a. USUAL OCCUPATION during mast af working	no life, even if retired)						-		WHAT COUNTRY?
	Marine Egi	neer	Mar	ine Towi	.ng			ille Pa.	U.S.	A
	13. FATHER'S NAME	77 -				14. MOTHER'S MAIDE				
		y Kelchne				Mary	(Unkn	own)		
	15. WAS DECEASED EVER (Yes, no. or unknown)	IN U. S. ARMED FORCE f yes, give wor or dates of serv	ice)	CIAL SECURITY NO.	-	ORMANT	50	7 Linco	ln Dai	ve
-	1// 0		1/	YONE	10	hn Kelchr	ier Ma.	ringhure	W. Ve	
1		H [Enter only one cous	e per line f	or (a), (b), and (c).]	-		0 1	1	ONS	RVAL BETWEEN
		H WAS CAUSED BY: IMMEDIATE CAUSE (o)_			500	PASIS	1330	evie	1	Ohvs
	5d/x	DUE TO		DI		1				, , ,
	Conditions, if on gave rise to im			TUN	OIL	Dry c	Posce	SS	/	we,
	couse (o), stoting th	DITE TO								
	lying couse last.) (c)_			T	1				O MALE ALITOREY
	PART II. OTHI	ER SIGNIFICANT CONDI	LIONS CON	TRIBUTING TO DEA	IH BUIL	TOT RELATED TO THE TE	ERMINAL DISEASE	CONDITION GIVEN	IN PART I(0)	PERFORMED?
	2 4661000 4 444	enero	OL DESCRIPTION	2e/ H	44	eresolo	600 000	1) of item 10 \		YES NO
	PART II. OTHI	CAUSE OF DEATH	OO. DESCRI	BE HOW INJURY OC	COKKED.	(Enter nature of injury	In Port 1 or Port	II or Hem Ib.;		
	20c. TIME OF INJURY	Month, Doy, Year			20e. PLA	CE OF INJURY (Home, ory, street, office bldg.,	form, 20f. (City	or town)	(County)	(Stote)
	Hour a.m.	19	While of work	Not while of work	1001	ory, sireer, date orag.,	016.)			
	21. I certify that	(I) (this hospital)	attended	I the deceased t	fram.)ecl	1860 to I	ec. 8	160 th	at (I) (we) last
	saw the decease		-6	1		eath accurred at_	6 M, fram	the causes and		
	22a. SIGNATURE	011		1-1						22b. DATE
	11/19	7/10	1	at-	N	.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	12	-9-60
	22c. PHYSICIAN'S NAME (Type)	11 7		V 1		22d. ADDRESS	DI		1 11	1111
		7 12 13	41	1		28 W	LOLE	mac	Willian	mpel Wy
	23a. BURIAL, CREMATION REMOVAL (Specify)	N. 23b. DATE THEREOF	2	3c. NAME OF CEME	TERY OR	CREMATORY	23d. LOCAT	ION (City, town, ar	county)	(State)
	Burial	Dec. 12	1960	The Eve	ergr	een Ceme			ew Yor	
	24. EUNERAL DIRECTORYS	SIGNATURE / 9	19-10	ADDRESS	+	2MD 250. 1	REC'D BY REGISTI		RAR'S SIGNATUR	
	Cloen10	X XXXX	ull	omsper	69	DATE	ULU 12 OU	Cirtha	or S. Thous	S.

may be retorned to the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in both funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon pages 1 and 2 should be filled with page 3 should be detached for use as the burial transition or removal, and in any event, within 72 hours offer feath. TO HOSPITAL moy be reto

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

VR A1S (4) 1SM 9/59

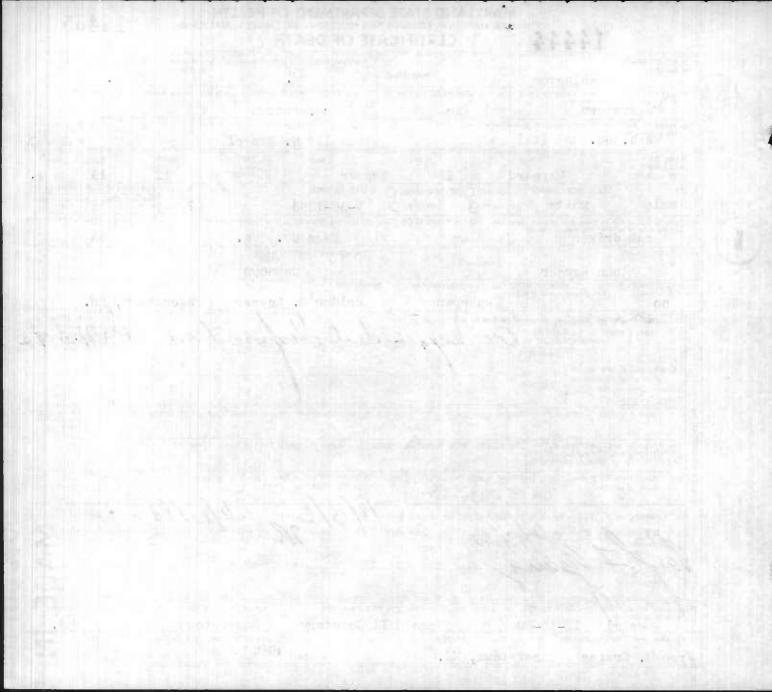
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VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

1444 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	Vashington	K1 .	MARYLANI		BM BM	there deceased li	ved. If institution b. COUNTY	Wash.	efore admis	sion)
b. CITY OR TOWN (IF RURAL ond give ne		ts, write	DOA	40 "	agerst	outside corporat	e limits, write R	URAL ond give	nearest tow	n)
d. NAME OF HOSPITA	Co. Hos ita	ive street	address)	0 =	29 W.	Bethel				SIDENCE A FARM? NO (X
3. NAME OF DECEASED (Type or print)	Fii Mayna		Middle L	Keyser	Last	4. DATE OF DEATH	Man		7 0	Year 19 60
s. sex male	6. COLOR OR RACE white	7. MARI	RIED NEVER MARRIED ED A DIVORCED	7-30-		9.	AGE (In years last birthday) 67 yrs.	Manths Day	-	ER 24 HRS. Min.
10a. USUAL OCCUPATIO during mast of work Cab di	ing life, even if retired	done 10b.	KIND OF BUSINESS OR IN	-	ge Co.		ntry)	12. CITIZEN	OF WHAT	COUNTRY?
13. FATHER'S NAME	nn Keyser			14. MOTHE	r's maiden unl	NAME CO OWN				
15. WAS DECEASED EVER (Yes, no. or unknown)	R IN U. S. ARMED FOR If yes, give war or dates of s	ervice)	social security no. 17	. INFORMANT Molde	r C. F	Keyser	Add Hager	stown,	Md.	
Conditions, if or gave rise to in cause (o), stating lying couse last.	the under-)	C. KLYO CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERM	MINAL DISEASE (H'OU	VEN IN PART 1(c	PERFO	AUTOPSY ORMED?
(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Enter natur	e of injury ir	n Port I or Part II	of item 1B.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	ar 20d. I While at wor	Not while	PLACE OF INJUR foctory, street, of	Y (Home, far fice bldg., e	rm, 20f. (City of	r town)	(Coun	ly)	(Stote)
	t (1) (this hospita ed alive an 12	13/	ded the deceased frame 19, and that	t death accur M.D. ATTEND PHYS. 22d. AD	ING	9, ta	1 -1	O. 19, ad an the do	ate stated	
23a SURIAL, CREMATION REMOVAL (Specify)			23c. NAME OF CEMETER			23d. LOCATIO	ON (City, town,	or county)	(Sto	
buria 24. FUNERAL DIRECTOR'	12-15-6	0	Rose Hi	11 Cemet		Hager		STRAR'S SIGNA		d.
Fred W. Kra		ersto	wn, Md.		DATE	DEC 1 9 '6		wan 2		



VR A1S (4) 1SM 9/S9

14436

	Nace of DEATH o. COUNTY Washing to		MARYLAND	2. USUAL RESIDENCE (When	re deceased lived. If institution: Resident b. COUNTY Washing to		
t	b. CITY OR TOWN (IF	outside corporate limits, write	c. LENGTH OF STAY IN 16		tside corporate limits, write RURAL and g		
	Hagers to		3 Days	Hagerstown	03		
ı		AL (If not in hospital, give street	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
1	521 Guilfo	ord Ave		521 Guilfo	ord Ave	YES NO	
	NAME OF DECEASED	First	Middle	Last	4. DATE Month OF DEATH December 9	Day Year	
-	(Type or print)	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	LEWIS	B. DATE OF BIRTH	December o	1960 19 1 YEAR IF UNDER 24 HRS.	
					lost birthdoy) Months	Days Hours Min.	
ŀ	Female	White WIDOW N (Give kind of work done 10b.		June 24 1874	foreign country) 12 CITI	ZEN OF WHAT COUNTRY?	
	during most of worki	ing life, even if retired)		Si Si	nenandoah Col		
-	Housewife	10	wn Home	14. MOTHER'S MAIDEN NA	ya L	JSA	
1	I SASC HEL		SOCIAL SECURITY NO. 17. IP	Mary Magde	ELene Address		
	(Yes, no, or unknown) (1	If yes, give war or dates of service)				lford Ave	
-	NO CALKE OF DEAL	THE Contractive and source and li		Hagersto		INTERVAL BETWEEN	
	and the second s	TH [Enter only one cause per li TH WAS CAUSED 8Y:	ne for (o), (b), ond (c).	/	5WII 2-4	ONSET AND DEATH	
	1100	IMMEDIATE CAUSE (o)	fuller a	iterios clere	u X		
1	400	DUE TO	ita.	1: 1.	1 00 1 00	2 ru -	
	Conditions, if on gove rise to in	nmediate	areusieu	axec hear	- cus earl	- Jos	
	cause (o), stating t lying couse lost.						
	_	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PART	T 1(o) 19. WAS AUTOPSY	
	CATIC					PERFORMED? YES NO -	
	(IF EITHER, NOTIFY	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Port II of item 18.)		
	20c. TIME OF INJURY Hour o. m.	While	f-	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town) (C	County) (Stote)	
		t (I) (this haspital) attend		Dec 1 106	50, 10 Dec 9, 196	Q, that (I) (we) last	
				- 115	M, fram the causes and an the	,,,	
	22q SIGNATURE	ed dive di 122 C. Z	2 1799 , and that c	seath accurred at A	M, from the couses and an the	22b. DATE	
d	School	0 11 218/	111 4	M.D. PHYS. DIRE	STAFF PHYS.	12/0/G	
Н	22c. PHYSICIAN'S	20001100		22d. ADDRESS	relocation in the second	14/1/00	
	Edward	W. Ditto 111	, M. D.	217 West	Washington Stre	et	
F	23a. BURIAL, CREMATION	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town, or county)	(Stote)	
	REMOVAL (Specify)	12/12/60	Rest Haven	Cemetery	Hagerstown Wash	Co ld	
	24. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS		8Y REGISTRAR 25b. REGISTRAR'S SIG	0	
	Andrew K.	Coffman, Ha	gerstown . N	DATE DE	C 1 9 '60 Carling 2	1, / 000,4445	

THE PARTY The second state of the Samuel

		1444	6	CERTIF	ICATE	OF D	EATH			14	40	0	
a. COL	of DEATH INTY Wa	shington		MARY		USUAL RESID	Md.	here deceased	lived. If instituti b. COUNTY		ice befor	re odmissi	an)
b. CITY RUR	AL and give near	autside carporate limi rest tawn) S COWN	ts, write c.	17 yrs	IN 1b	c. CITY OR T			ate limits, write R	URAL and	give neo	irest tawn	
d. NAP	NE OF HOSPITAI INSTITUTION 29 W. Fr	anklin St.	ive street addr	ress)		d. STREET A		rankli	n St.,				DENCE FARM? NO
NAME DECEA (Type o	SED or print)	Charle:	5	Middle Elmer	Light			4. DATE OF DEATH	Mor 12	2	Do 9	1	rear 19 60
sex ma]	Le	6. COLOR OR RACE white	WIDOWED [DIVORCE		ct. 5,	1877	7	P. AGE (In years last birthday) 83 yrs.	Manths	Days	Haurs	Min.
ret	cired co	N (Give kind of work of life, even if retired and uctor		n. R. R.	32.75	C	hambe	ersburg		12. CIT	USA	WHATC	OUNTRY
30		tius Ligh				4. MOTHER'S		h Stro					
Yes, no. or		IN U. S. ARMED FOR yes, give wor or dates of s	Animal Indiana	-03-2075			Light	mer	Hagerst		Md.		
gav	PART I. DEATH	mediate (5	eu'l	ant	ti Euri	scle	iosn	liseare		ONS	o y	LEATH CO.
OR C	Be ACCIDENT WAS	R SIGNIFICANT CON UNDERLYING CAUSE OF DEATH AEDICAL EXAMINER)	mest.	E HOW INJURY O	ines	tron	an			EN IN PAR	RT 1(a) 1	PERFO	AUTOPSY RMED? NO
20c. T	IME OF INJURY Haur a. m. p. m.	Manth, Day, Ye	ar 20d. INJUI While at wark	Nat while at wark	20e. PLACE factory	OF INJURY (, street, affice	Hame, farn bldg., etc	n, 20f. (City	ar tawn)	(Caunty)		(State
	certify that	(1) (this haspita	1) attended	the deceased	fram	th accurred	19 at 25	M, fram t	he causes ar				
	SICHATURE COLUC PHYSICIAN'S	ul wo	0,46	111	M.D	ATTENDING	G X W	NED.	STAFF PHYS.				SIGNE 0/6
Ed	iward W	. Ditto				217			ington		eet		
REMO	oval (Specify)	12-12-60		Norland			0.0	Cham	bersburg			Pa.	a)
	RAL DIRECTOR'S L W. Kra		erstown	ADDRESS , Md.			DATE	EC 14 6	0	STRAR'S SI			

ine attending physician and completely filled in by the funeral director. Then please remove carbon papers. Pages 1 and 2 shauld be filled with and in any event within 72 hours. Also, 1 ... death. Page 4 TO HÖSPITAL

May be retected by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon appears 1 and 2 pages VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

14438

	1111	000	
- X	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen	nce before admission)
8	Washington MARYLAND	Maryland Washingto	n
0 (1)	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and	
P (1)	Hagerstown 4 Days	Hagerstown	
of Och	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
D D	Washington County Hospital	337 Ridge Ave	YES NON
# 1 on ∰.	3. NAME OF First Middle (Type or print) EARL SEYMORE LINT	Lost 4. DATE Month OF DEATH December 17	Day Year . 196019
Pages death	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER	TYEAR IF UNDER 24 HRS.
. 0	Male White WIDOWED DIVORCED	December 30 1896 63 yrs. Months	Days Hours Min.
papers ours af	10a. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITI	IZEN OF WHAT COUNTRY?
	Engineer Koppers Co		USA
in X2 H	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
of the last	Stewart Lint	Martha Speilman	
D L L	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	NFORMANT Address	
eve a	No 214-09-3457 M	rs. Irene E. Lint 337 Ridge	Ave
pleo	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]		INTERVAL BETWEEN
C	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Wente My ora	rdia 1 Du faretion	3 days -
an an	1 1 1		about 6
vol.	Canditions, if any, which) (b) Un Perro Se Ver	otic Coronay Hear Dio East	or 7 gran
permi	gove rise to immediate cause (o), stating the under.	O Company	
	lying couse lost. (c)		
burial-transit rematian, ar	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	RT 1(0) 19. WAS AUTOPSY PERFORMED?
is is	Trabetes mellitus -		YES NO P
the bu	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH ☐ (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II of item 18.)	
burio		ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (cory, street, office bldg., etc.)	Caunty) (State)
t d	Hour a. m. P. m. 19 While Not while at wark at work	ciory, area, once olog., ac.,	
d fo	21. I certify that (I) (this haspital) attended the deceased fram	8-28 1942 10 12-17, 196	eo, that (1) (we) last
± gche	saw the deceased alive an 12-17 19 6 9 and that a	death accurred at 6. LM, from the causes and an the	e date stated above.
oe detach	220. SIGNATURE Lohu HI Hom C. a la u	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	226. DATE SIGNED 12:17:60
Board E	22c. PHYSICIAN'S NAME (Type) John H. Hornbaker, M.D.	22d. ADDRESS 154 West Washington	St.
- O	NAME (Type) JOHN H. HOT NOAKET, M.D.	Hagerstown, Md.	
Story O	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	DR CREMATORY 23d. LOCATION (City, town, or county)	(Stote)
The St	Burial 12/19/60 Rest Haven	Cemetery Hagerstown Wash	Go Md
100	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	GNATURE
(4)	Andrew V College Description Ma	DATE DEC 21 '60 Crehung.	S. Tiraus

er death. Page 4 e funeral directar,

TO HOSPITAL TO ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs may be ref. by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in both the attendance of the physician and completely filled in both the attendance of the physician and completely filled in both the attendance of the physician and completely filled in both the attendance of the physician and completely filled in both the attendance of the physician and completely filled in both the attendance of the physician attendan VR A15 (4 1SM 9/59

MARGEO MASPERED TARY The surviview of the same

TO HOSPITAL

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14448

1. PLACE OF DEATH a. COUNTY	Washington	MARYLAND	- CTATE	DENCE (Where decease	b. COUNTY			ion)
b. CITY OR TOWN RURAL god give Hage	(If outside corporate limits, write nearest town) rstown	c. LENGTH OF STAY IN 18		OWN (If outside corpo	orote limits, write F	RURAL and give	nearest town)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, give street	oddress)	d. STREET A	N. Mulber:	ry			IDENCE FARM? NO X
3. NAME OF DECEASED (Type or print)	Grace	Maude	MART	4. DATE OF DEATH	Mor /2		15 1	Yeor 60
female	6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED DIVORCED DIVORCED	April 1		9. AGE (In years loss birthdoy) yrs.	Months Do	- T	Min.
10o. USUAL OCCUPAT during most of we homed	ION (Give kind of work done 10b. orking life, even if retired)	KIND OF BUSINESS OR INC		Thomas, P		12. CITIZEN USA	OF WHAT C	OUNTRY?
13. FATHER'S NAME Jam	es William Selle	ers		maiden NAME harlotte R	amer			
1S. WAS DECEASED EV (Yes, no. or unknown)	/ER IN U. S. ARMED FORCES? 16.		INFORMANT [rs. Olive	Jones	Add Hagerstov			
Conditions, if gove rise to couse (o), statin tying cause las PART II. O OR CONTRIBUTIN (IF EITHER, NOTIF	any, which immediate g the under-		VE NOT RELATED TO		SE CONDITION GI		PERFO	70 W N
-	G A CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Doy, Year 20d. 1 While	Not while	ckyard	Home, form, 20f. (Cit		W, Wash		(Stote)
		ded the deceased from 1960, and that C. Ramas, Lamos, n	death accurred ATTENDING PHYS. 22d. ADDR	d at 10 PM, fram G MED. DIRECTOR C	STAFF PHYS.	an the d	ate stated 22t	abave. b. DATE SIGNED
23g BURIAL, CREMAT REMOVAL (Special DULL)	ION, 23b. DATE THEREOF	Rose Hill (OR CREMATORY	23d. LOCA	TION (City, town, erstown	or county)	Md.	e)
24. FUNERAL DIRECTO		ADDRESS stown, Md.		25a. REC'D BY REGIS		STRAR'S SIGNA		

THE RESERVE OF THE PARTY OF THE AL, ILLI, ILLI · Market and the control of the cont

Why. G. Horst

444	CERTIFICA	CIE OF BEATT		
1. PLACE OF DEATH a. COUNTY	MARYLAND	- CTATE	ere deceased lived. If institution b. COUNTY	
Washington		Marylan		Washington
 CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) 			utside carporate limits, write RUF	(AL and give nearest town)
Hagerstown	29 Yrs.	Hagerst	own	
d. NAME OF HOSPITAL (If not in haspital, give str. OR INSTITUTION		d. STREET ADDRESS	,	e. IS RESIDENCE ON A FARM?
200 Marbern Road	i i	200 Mar	bern Road	YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
(Type or print) HAROLD	HOLT	MERCEREAU	DEATH Dec.	20,1960 19
S. SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years II	FUNDER 1 YEAR IF UNDER 24 HRS.
Male White wood	OWED DIVORCED	Feb.15,1898	last birthday) 62 yrs.	Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane 1	106. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State of	ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) President	Gas & Appliance	s Brooklyn	N.Y.	USA
13. FATHER'S NAME	dan d npp==daide	14. MOTHER'S MAIDEN N		JOH
Nicholas Rossi Mer	cereau	Lila Vand		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?		INFORMANT	Addres	•
Yes, no, or unknown) Yes (If yes, give wor or dates of service)	034 00 0555		200 Manhann	Dd Hammet own Ma
	110-	s.H.H.Mercerea	u 200 Warbern	Rd. Hagerstown, Mc
18. CAUSE OF DEATH [Enter only one cause pe	er line far (a), (b), and (c).]			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	EMOUIDARS	of live	~	2 mo.
DUE TO				
Conditions, if any, which) (b)	Carcinom	of lui	n G	& mo.t
gave rise to immediate (7	
lying cause last.			U	
PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year P. m. 19 of	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO Z
20a. ACCIDENT WAS UNDERLYING [20b. I	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in P	art I ar Part II af item 18.)	The state of the s
OR CONTRIBUTING CAUSE OF DEATH				
Z 20c. TIME OF INJURY Manth, Day, Year 20.	d, INJURY OCCURRED 20e. P	LACE OF INJURY (Hame, farm,	, 20f. (City or town)	(Caunty) (State)
Haur a.m. W		actory, street, affice bldg., etc.		(Caunty) (State)
¥ p. m. 19 al	wark at wark			
21. I certify that (I) (this hospital) atte	ended the deceosed from	MEY 30 196	60 to Dec . 20	1960, that (1) (we) lost
saw the deceased alive on DOC	,			on the dote stoted above.
22a. SIGNATURE	, 1			22b. DATE
Non 1 G. / h	11/200-	M.D. ATTENDING ME	D. STAFF	SIGNED
22c. PHYSICIAN;	111	22d. ADDRESS 7 /	. 61	120 25
NAME (Type)	FFman	HAS	orstown.	Ind.
1 10 70 11 1100			21010011	
230. BURIAL, CREMATION, 23b. DATE THEREOF BUTIAL (Specify) 12/22/60	23c. NAME OF CEMETERY		23d. LOCATION (City, town, or	
	Rest Haven		Hagerstown	Md.
24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	90.6		RAR'S SIGNATURE
Rest Haven Funeral Cha	apel Hagerstow	n, Md. DATE	EC 27'60 a	thur L. Kraue

TO HOSPITAL

may be remained by the hospital ar otherading physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherading physician and campletely filled in TO FUNERAL DIRECTOR: After this certificate has been signed by the other please remaye carbon papers. Pages I am page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon pagers. Pages I am TO HOSPITA VR A1S (4) 1SM 9/S9

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

funeral director, ifter death. Page 4

HTATO O TANKINE -

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	¢.						

Hagerstown;

120 W

Charles

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND TE OF DEATH

14450	CERTIFICA
PLACE OF DEATH o. COUNTY Washington	MARYLAND
b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16

Md

Bethel Street

Nickens

d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Washington Mar yland c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)

Hagerstown, Maryland

d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 120 W. Bethel Street YES T NO TO

. NAME OF	Fire	st Middle	Lost	4. DATE	Mani	th Da	y Year
(Type or print)	Daisy	Louis	Nickens	OF DEATH	Dec	14	19 60
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH			IF UNDER 1 YEAR	IF UNDER 24 HRS.
Female	Colored			77	last birthday) 83 yrs.	Manths Days	Haurs Min.
	TION (Give kind of work of	dane 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign o	ountry)	12. CITIZEN OF	WHAT COUNTRY?

Private family Domestic Brunswick, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

Unknew

(State)

(State)

USA.

	ER IN U. S. ARMED FORCES?		CURITY NO.	17. INFORM	LANT		Address			-
ne (Yes, no, or unknown)	(If yes, give war ar dates of service)	NENE	none	Mrs	Henrietta	Salters	120	W.	Bethel	8

18. CAUSE OF DEATH [Enter only	ane cause per line far (a), (b), and (c).	INTERVAL BETWEEN
PART I. DEATH WAS CAUSE IMMEDIATE CA	DBY: OSCIUSION	20 min.
	DUE TO	3.0
	Arteriosclerotic heart disease	10 yr.
gave rise to immediate cause (a), stating the under-	DUE TO	
lying cause last.	() Hypertensive vascular disease	10 yr.
PART II. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
		YES T NO T

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)

70 vrs

20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, Day, 20f. (City ar tawn) Year 20d. INJURY OCCURRED

MEDICAL (County) factory, street, affice bldg., etc.) While Not while at wark at wark p. m. 1960, that 11) (we) last 50 Dec

21. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an Dec. 9 1960, and that saw the deceased alive an Dec. , and that death accurred at ____M, from the causes and on the date stated above 22a. SIGNATURE 22b. DATE ATTENDING PHYS. MED. STAFF PHYS.

M.D. 22c. PHYSICIAN'S 22d. ADDRESS Washington Street West

Hagerstown, Maryland 23a. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY

REMOVAL (Specify) 171960 Rose Cemeterv Hill Dec Hagerstown

ADDRESS 250. RECYDERY REGISTRAR 25b. REGISTRAR'S SIGNATURE Circles S. Thrank

director, be filed with funeral 2 should puo completely filled Pages 1 event, within 72 hours after death popers. puo corbon physicion remove attending please puo þ permit. ertificate has been signed as the burial-transit permi by the haspital ar attending physicion.

DIRECTOR: After this certificate has been si 5 to burial, cremotian, use 3 shauld be detoched for Board of Health TO FUNERAL page 3 sh the State I

CERTIFICATION

requires that the deoth certificate be executed within 24 hours

VR A15 (4) 15M 9/59

menso recent or next The state of the s Bigner cover, Mr. E. Crare Bern retorn, Mirrobert 190 W. Seithell Estendich Land Von W. De that Blant to Total Louis Tiessand Louis Veriet 85 Tres Si volt - a seroint eleve Domestin Friends of the William Stanfold Horsels USA TESTINITE THAT TO PERSON Man Istie: W bis Territo advantation of some work Burland Take Tiles Bost Mill Desertery - Expertescoe Mar visual that included a secretary with the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

14443

22b.DATE SIGNED 12-2-60

4 4	V	21101 CERTIFICATE OF BEATT
Page directar	1)	1. PLACE OF DEATH o. COUNTY Washington 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington
er death.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Ragerstown C. LENGTH OF STAY IN 1b RURAL and give nearest town) Rural Williamsport
2 shau	180	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington County Hospital A. STREET ADDRESS ON A FARM? YES \(\sigma \) NO ((3)
24 hau Illed in t		3. NAME OF DECEASED (Type or print) JOHN CHARLES O'CONNELL II DEATH December 1 1960
pletely firs. Page		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years left under 1 YEAR IF UNDER 24 HRS last birthday) White Widowed Divorced October 30, 1880 9. AGE (In years last birthday) Months Days Hours Min.
and camp bon paper 72 haurs o	<u></u>	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Retired Secretary—Tres. Medical Publishing Co. Mobile, Alabama U.S.A.
icate be rsician ve carb within 7		John C. O'Connell Lucy M. Merritt
physic emove ent, wit		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address
ding ding y ev		no 214-09-2262 Mrs. Howard T. Woods Williamsport, Md.
atten ple		PART I. DEATH WAS CAUSED BY:
s that the d by the nit. Then val, and		Conditions, if ony, which) (b) Prostatic Stypen troply & chromio fyel onephis dis ?10 years
on. n signed		cause (o), stating the under- lying cause lost. (c)
physici physici nas bee rial-trar		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? WE TWIS SCIEND TO STEAM PRISE SEASE. It works yie of this much a price of the much a pric
tending ificate h the bu	0	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC ol ar of this cert r use as		20c. TIME OF INJURY Manth, Doy, Year Haur a. m. p. m. 19 20d. INJURY OCCURRED While Nat while of work at wo
or Net of the or		21. I certify that (1) (this haspital) attended the deceased fram. 6/25, 1951, ta 12/1, 1960, that (1) (we) las
the H		saw the deceased alive on 1211 19 60 and that death accurred at 7/5M, from the causes and an the date stated above 220. SIGNATURE
AT by de		John Hom Caker M.D. ATTENDING MED. STAFF 12-2-6
rek RAL DIN should le Board	1	John H. Hornbaker M. D. Hagerstown, Maryland
at a E	-0	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
may be Fun	Bot	Burial 12/3/1960 Rose Hill Cemetery Hagerstown Maryland
VR A15 (4)	1/3	Suter - Rouzer Funeral Home Hagerstown, Maryland Date DEC 5 '60 Callung S. Klause
13/11 7/37		

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TO HOSPITAL

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

L										-44		
	1. PLACE OF DEATH o. COUNTY	Washington	ND 2.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington								
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 47 years					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown						
	d. NAME OF HOSE OR INSTITUTION 424 Guilf	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 424 Guilford Ave.					ord Av	e.		ON	SIDENCE A FARM?	
	3. NAME OF DECEASED (Type or print)	BERT HA	1	Middle CRABILL		OCDEN 4. DATE OF DEATH		Decembe		Doy 8	79 60	
	s. sex Female		7. MARI WIDOW	RIED NEVER MARRIED ED DIVORCED [_	ATE OF BIRTH	1881		- T	YEAR IF UND Dys Hours	ER 24 HRS. Min.	
1	Housewi	orking life, even if retired)	one 10b.	KIND OF BUSINESS OR I		Toms Bro	ok, Vi		U.S.	N OF WHAT	COUNTRY?	
	3. FATHER'S NAME	es Nathaniel	Tew	alt.	1	4. MOTHER'S MAIDEN		. Crabill				
1		/ER IN U. S. ARMED FORC	ES? 16.		17. INFO			Addre		m, Md.	•	
	Conditions, if gove rise to couse (o), stotin lying couse los	ony, which (b) (b) immediate g the under-	G	eriosclero	l Ar	terioscle	rosis				rs.	
	PART II. O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS A PERFORM NO NO.									ORMED?	
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
	Hour o. m	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While of work of										
		ased alive on Nov	1	ded the deceased fr		ATTENDING M. PHYS. D. 22d. ADDRESS	•M, fram	the causes and	Dec.	date states 2,196	d abave. 2b. DATE	
3	23a. BURIAL, CREMAT	fy)		23c. NAME OF CEMETE			77	TION (City, town, or		(Sto		
3	Burial 24. FUNERAL DIRECTO Suter Re		60 al H	Rose Hill ADDRESS Ome Hagersto		2So. REC	DEQ 1 4	100	TRAR'S SIGN		nd	

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Physical Committee and shall be supplied in a first the control of the control of

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TO HOSPITAL STEEDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be rent to be the haspital at attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in borner funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remay carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remayol, and in any event. ithin 72

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 1449; DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

o county Washington MARYLAND	o. STATE Maryland Washington Washington	on)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
Rural, Antietam Furnace Life	Rural, Antietam Furnace	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESII ON A	FARM?
Sharpsburg, Md. R.F.D.#1	Sharpsburg, Md. R.F.D.#1 YES [NO 🗖
3. NAME OF DECEASED (Type or print) Elsie Mae O	OF	9 60
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER	R 24 HRS.
Female White WIDOWED TO DIVORCED [May 16, 1893 67 yrs. 5 29 Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)		DUNTRY?
Housewife Home	Maryland U.S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George M. Gray	Mary F. Gardner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT AntiAddeim	- T - T
	cil Otzelberger Sharpsburg Md. R.	רת ש
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BET	WEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A SI PLES EN ANY	Cardio vascalus ONSET AND	DEATH
L+3 X DUE TO		1-
Conditions, if ony, which)	sore	
gove rise to immediate DUE TO		
couse (o), stating the <u>under-</u> lying couse lost.		
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS A PERFOR	RMED?
5	YES 🗍	№ []
OR CONTRIBUTING COUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)	
	ACE OF INJURY (Home, form, 20f. (City or town) (County) tory, street, office bldg., etc.)	(Stote)
p. m. 19 of work of ot work		
21. I certify that (I) (this haspital) attended the deceased fram	10 Lles 16 1959, to Dec 15, 1960, that (1) (v	ve) last
saw the deceased alive an Inch 18 1966, and that d		abave.
220. SIGNATURE	ATTENDING MED. STAFF	DATE SIGNED
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	
NAME (Type) G. Whe Van	Boonston, me	/
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town, or county) (Stote	1)
Burial Dec. 19 1960 Mt. View Co	emetery Sharpsburg, Md."	
24. FUNERAL DIRECTOR'S SIGNATURE	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
Come Collins . To Collins (1)	DATEDEC 1 9'60 Cartling & Kenya	
	a / Mana	

THE RESERVE OF THE PARTY OF THE Engrand in Indiana, I for the Company of the Compan TO THE REPORT OF THE PARTY OF T The Property of the Control of the C

The transfer of the contract o

14453

1. PLACE OF DEATH	hington		MARY		O STATE	Maryl		l lived. If instituti b. COUNTY				ion)
b. CITY OR TOWN (RURAL and give n	If outside corporate limearest town)	its, write	c. LENGTH OF STAY	IN 1b				rote limits, write R	URAL ond	give ned	rest town	n)
OR INSTITUTION	TAL (If not in hospital, sin County	1000			d. STREET AL	DDRESS	Hager	stown				SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	EDTTH		Middle	RMTT	Lost PAR		4. DATE OF DEATH	Decembe		Do 2	_	Year 19 60
5. SEX Female		7. MAR	RIED NEVER MARRIE	D B.	DATE OF BIRTH	1	1889	9. AGE (In years lost birthdoy) 71 yrs.	T		_	
10a. USUAL OCCUPATION during most of wor Homemaker 13. FATHER'S NAME	ON (Give kind of work king life, even if retired	done 10b.	. KIND OF BUSINESS O	R INDUSTR	11. BIRTHPL	on Co	or foreign co	nsylvani		J.S.		COUNTRY
1S. WAS DECEASED EVE		CES? 16.	. SOCIAL SECURITY NO.	. 17, tNFC	DRMANT	Anna	Piper	Add	ress			
(Yes, no, or unknown)	(If yes, give war or dates of	service)	none	Mr.	Lamar	D. P	aris	Hagersto	wn, N	ary	land	
Conditions, if a gove rise to i couse (a), stoting lying couse lost.	DUE TO ony, which immediate the under: DUE TO	b) b) c)	Corne	os clo		gm haven	ig				? ? ! hu	DEATH
PART II. OT	HER SIGNIFICANT CON	ADITIONS.	CONTRIBUTING TO DEA	AIM BUI N	OT KELATED TO	IME IEKM	INAL DISEAS	E CONDITION GI	VEIN IIN PAR	1 1(0) 1	PERFO	NO [
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OF	CCURRED.	(Enter noture of	f injury in	Port I or Por	t II of item 18.)				
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Ye	While			E OF INJURY (Fry, street, office			or town)		County)		(Stote
21. I certify the		l) atten	ded the deceased		ath accurred	7. 19 d at 34	M, fram	the causes ar				(we) las d abave
220 MENATURE	20 POST TURE					M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 12/29/6						
226 PHYSICIAN'S NAME (Type)	Philip J.	Hirsh	nman, M.D.		22d. ADDRE	エファ		ashington wn - Mary				
23g. BURIAL, CREMATIC REMOVAL (Specify Burial	ON. 236. DATE THEREO	960	Queens Po					TION (City, town,	or county)	Vi	(Sto	
2 SEUNERAL DIRECTOR	uzer funera	al Ho				25a. REC'	D BY REGIST	rrar 25b. REG	ISTRAR'S SI		RE	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retained by the haspital ar attending physician. Then please remave carban papers. Pages I and in any event, within 72 hours ofter death. page 3 should be detached for use as the burial-tronsit permit. The state Board of Health prior to burial, crematian, ar remaval, ag TO HOSPITAL

should be filed with

ofter death. Page 4

VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

14404 CERTIFICA	TE OF DEATH
PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE aryland b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 11agerstown 5 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 Hagerstown
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washington County Hospital	d. STREET ADDRESS 0. IS RESIDEN ON A FAR YES \(\) NO YES \(\) NO
NAME OF DECEASED (Type or print) Albert Henry P1	Lost 4. DATE Month Doy Yeor OF DEATH December 6 19
Nale 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH Aug. 21, 1909 9. AGE (In years lost birthday) 51 yrs. FUNDER 1 YEAR IF UNDER 24 Months Days Hours 1/2
to USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleshian Gasoline	II. 8IRTHPLACE (State or foreign country) Bedford Co. Penn.
Charles E. Pfeiffer	Mary A. Witt
(or an or unknown) III	nformant Address rs. Nellie E. Pfeiffer Hagerstown,
18. CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	Cooluse and de
Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying couse lost. DUE TO DUE TO (b) DUE TO (c)	The Heery Disease if you
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORME YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)
	LACE OF INJURY (Hame, farm, 20f. (City or town) (County) (cotory, street, office bldg., etc.)
21. 1 certify that (I) (this haspital) attended the deceased fram. saw the deceased drive an 1960, and that a 220 SG) ATURE	death accurred at 2 for integran the causes and an the date stated ab
Phillip J. Hirshman	M.D. PHYS. DIRECTOR PHYS. D 22d. ADDRESS 159 W. Washington St. Hag. "d.
30. BURIAL, CREMATION, 23b. DATE THEREOF 23 CNAME OF CEMETERY C REMOVAL (Specify) 12-9-60 Memorial C	OR CREMATORY 23d. LOCATION (City, town, or county) (State) Gardens Hagerstown, Md.
4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Hagerstown, Md.

DATE DEC 8

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Chiling S. Kraus

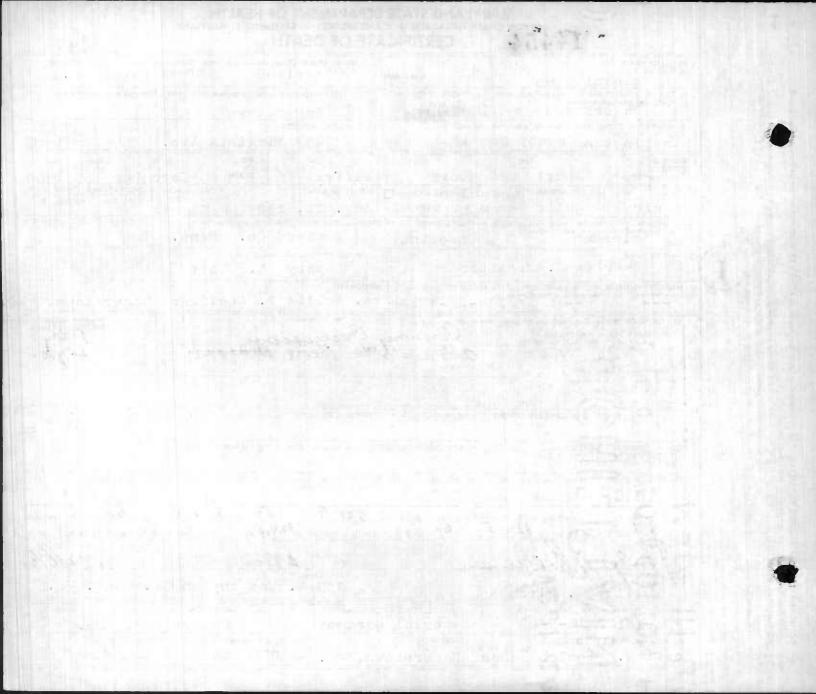
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by me funeral direpage 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled the State Board of Health priar to burial, cremation, ar removal, and in any event within 72 hours after death. TO HOSPITAL VR A15 (4) 15M 9/59

F. Minnich

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Scott

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

14448

1// OC CERTIFIED	ALC OF BEATTI	2720
1. PLACE OF DEATH O. COUNTY	USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	before admission)
WASHINGTON MARYLAND	WARYLAND WASHIN	LCTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	re nearest town)
TEEDYSVILLE 12 VEARS	KEEDYSVILLE	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
MAIN ST.	MAIN ST	YES NO NO
NAME OF First Middle DECEASED (Type or print)	Death Death Dec . 2 5	Day Yeor
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	TUITENBARUER DECI 28	YEAR IF UNDER 24 HRS
The state of the s	lost birthdoy) Months D	Days Hours Min.
MALE WHITE WIDOWED DIVORCED	1/EC-12, 1889 7/ yrs. 0 1	(0)
Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZE	EN OF WHAT COUNTRY
KETIRED FARMER GENERAL TARM W	LORK PARK HALL WASH, CO.MO. U.	. S. A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
SAMEAN DEFERMBERGER	SUSAN PALMED	
	INFORMANT Address	
Yes, no, or unknown) (If yes, give war or dates of service) 220 - 30 - 9941 /	ARS CHARLES KEFAUVER KEEDY	WILLE MD
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]	2	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	nun Mirolubosis	ONSET AND DEATH
42 0 1 DUE TO	t	10000
Conditions, if ony, which) every ?	et avvery clerosis	2441-
gove rise to immediate		1
couse (a), stoting the under.		
lying couse lost. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU		YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. I While Not while of work of work	PLACE OF INJURY (Home, form, 20f. (City or town) (Co	ounty) (Stote
Hour o. m. 19 While Not while	foctory, street, office bldg., etc.)	
p. m. 19 of work of work		
21. I certify that (I) (this haspital) attended the deceased fram		L, that (I) (we) las
saw the deceased alive on 12-80- 1960, and that	death accurred at 145 My fram the causes and an the	date stated above
220. SIGNATURE		22b. DATE SIGNEI
10/leonom	M.D. ATTENDING MED. STAFF PHYS. 12	
22c. PHYSICIAN'S	22d. ADDRESS 21 North Main Stree	e t.
Joseph Secondari, M. D.	Boonsboro, Md.	
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		(Stote)
DEMOVAL (Specify)	O Character Branch Com, of County	(31016)
DUKIAC DEC131.1460 1 30843 BORG	DEMETERY LOWISBORD MASH	LO NYIV
A. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25d. RECID BY REGISTRAR 25b. REGISTRAR'S SIGN	NATURE
THE H ROLL BOOKSBORD N	DATE Cullua 9	Le

the attending physician and completely filled in ay the funeral director. Then please remaye carbon papers. Pages 1 and 2 should be filled with Then please remove converse of the death. D'K IS ECONDAR TO HOSPITE OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 had may be repeated by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the State Board of Health priar to burial, crematian, or remayal, and in alth event within 72 hours after death.

ofter death. Page 4

VR A15 (4) 15M 9/59

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may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by me funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, ar remaval, and in any event, within 22 hours after death. ofter death, Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		LACE OF DEATH	shington		MARY	LAND	2. USUAL RESIDENCE (Va. STATE	Where deceased	d lived. If institution b. COUNTY			ission)
	7.1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 15 minutes				c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Hagerstown						
/	C	OR INSTITUTION	ton County H		The second		d. STREET ADDRESS	lland Av	7e.		e. IS R ON YES	ESIDENCE A FARM?
	0	NAME OF DECEASED Type or print)	FONTAINE Firs		Middle GARDNER		POLLARD	4. DATE OF DEATH	Decemb		Day 9	Year 19 60
	5. \$	Male	T.T1	7. MARR	IED NEVER MARRII		B. DATE OF BIRTH December 9,	1960	9. AGE (In years last birthday) yrs.	Manths D	YEAR IF UN	1
		none	ION (Give kind of work d rking life, even if retired)	ane 10b.	KIND OF BUSINESS C	R INDUS	Hagersto	wn, Mai		U.S		T COUNTRY?
			Weir Rollar				Hildegar					
	(Yes,	no, or unknown)	ER IN U. S. ARMED FORG (If yes, give war or dates of se	ES? 16.	none		Weir Pollar	d III	Hagersto		eylah	d
	CERTIFICATION	Canditians, if a gave rise to cause (a), stating lying cause last.	immediate DUE TO	a de Ju	Telect	lu	rited Ce	WULL DISEAS	al os) /EN IN PART 1	PER	ND DEATH
7 57 5	-	20a ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Hour a.m. p. m.	G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Day, Yea		NJURY OCCURRED Nat while	20e. PL	O. (Enter nature of injury in ACE OF INJURY (Hame, for tary, street, affice bldg., o	arm, 20f. (City	t II af item 18.) r ar tawn)	(Cat	uniy)	(State)
-		21. I certify the saw the deced 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	1000	attend RC Ve	2_19.60 and	that d	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	the couses or STAFF PHYS. C St.,	12/	dote state	22b. DATE SIGNED
	B 245	BURIAL, CREMATION REMOVAL (Specify Burial) FUNERAL DIRECTOR ULEY - RO	12/9/196 R'S SIGNATURE DUZET Funera	0	23c. NAME OF CEM Rose Hil ADDRESS Hagerste	1 Cer	metery 25a. RE		100	or county) Mary STRAR'S SIGN Lithur &	and	tate)
		2081	1292X	VI)	,				21,		

maid the market management of the state of t atalasa ata Lumatinz

		DIVIS	MA ION OF	STATISTICAL RESEA			HEALTH ORE 1, MAR	YLAND	14	1450
	E OF DEATH	shington) ()	MARY	LAND	2. USUAL RESIDENCE (Where o. STATE Maryla		d. If institution b. COUNTY	Residence before Washin	
	TY OR TOWN (I		ts, write	c. LENGTH OF STAY		c. CITY OR TOWN (If out	side corporote	imits, write RUF	AL and give ne	arest town)
OF	NOITUTION	AL (If not in hospitol, glaryland St				d. STREET ADDRESS	ginia A	re.		e. IS RESIDENCE ON A FARM? YES NO K
3. NAM DECE (Type	E OF ASED or print)	HESTE	- 2	Middle MFE		Lost	4. DATE OF DEATH	Month DEC		Year 1960
5. SEX Fema	ale	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRI	-	August 11, 191	, lo		Months Days	R IF UNDER 24 HRS. Hours Min.
duri	Housewif Housewif HER'S NAME	ing life, even if retired		, KIND OF BUSINESS C	R INDUS	Clear Spring 14. MOTHER'S MAIDEN NA	ng, Mar	yland		S.A.
[Yes, no, c	DECEASED EVE	(If yes, give war or dates of s	CES? 16	SOCIAL SECURITY NO	M	FORMANT rs. Bruce Reid	le Snyde	Addres Sprin	g, Mary	land
Co		TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO ny, which mmediate	,	BULAR A OF	PI	VEU MOINI ARY	A			TONTH
CATION	PART II. OTH			CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CO	NDITION GIVE	N IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
OR (IF E	CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY O	CCURRED	. (Enter noture of injury in Po	rt I or Port II o	Fitem 1B.)		
WEDICA 20c.	TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	20d. While of wo			CE OF INJURY (Home, form, lory, street, office bldg., etc.)	20f. (City or t	own)	(County	(Stote)
sav		it (1) (this haspital sed alive an DE		ded the deceased		eath accurred at 43%	A, fram the			hat (I) (we) last e stated abave. 22b. DATE

SIGNED

Hectoria U.

22c. PHYSICIAN'S

ANAME (Type)

ANAME (Type)

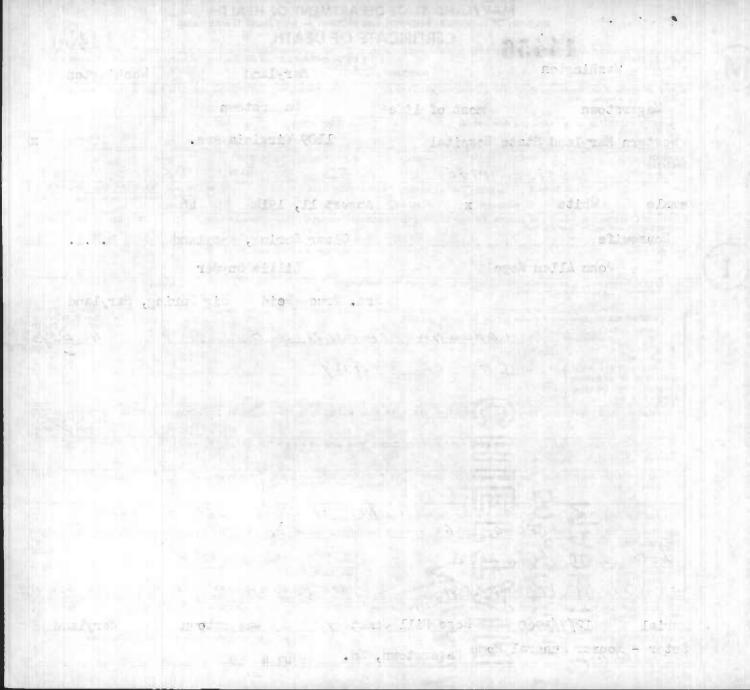
U. MED. 22d. ADDRESS

PALLAGROSI 1500 PENSILANIA AVE. MEGERSTOWN MIL

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF 23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY (Stote)

/1960 Rose Hill Cemetery Hagerstown Maryland FUNERAL DIRECTOR'S SIGNATURE
Suter - Rouzer Funeral Home 250. REC'D BY REGISTRAR ADDRESS 25b. REGISTRAR'S SIGNATURE Hagerstown, Md.

VR A15 (4) 15M 9/59



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14457 CERTIFICATE OF DEATH

Reg. Dist. No. 14451

o. COUNTY Washington	MARYLAND	II o. STATE	ere deceased lived. If institution b. COUNTY		dmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write R		town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Washington Co. Hos	2532200 - 4860 - 50	d. STREET ADDRESS			RESIDENCE ON A FARM?
3. NAME OF First DECEASED (Type or print) ELMER	TOWN If coulds corporate limits, write construction of stary in the distribution of start in the distri	Year 1960			
male white widow	ED DIVORCED	May 9, 1870	9. AGE (In years last birthday) 90 yrs.	IF UNDER 1 YEAR IF L	INDER 24 HRS.
Retired cabinet lab.		ory Frederi	lck Co. Md.		HAT COUNTRY
13. FATHER'S NAME					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 117. II				
(Yes, no, or unknown) (If yes, give war or dates of service)	A DESCRIPTION OF THE RESERVE OF THE PERSON O				ret.own
Conditions, if any, which gove rise to immediate couse (a), stating the underly lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS (C)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	PE	AS AUTOPSY RFORMED?
20c. TIME OF INJURY Month, Day, Year 20d. II While	_ Not while for	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
actual Signature Paul Harrisc PHYSICIAN'S Paul Harrisc 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial Dec. 10, 1960	on 22c. NAME OF CEMETERY OF St. John 18 J	M.D. Hagers R CREMATORY utheran	.M, from the causes a DDRESS (Street, city or town, town, Md 22d. LOCATION (City, town, o	r county) (Fred Co 1	DATE SIGNED / B/6 a
Mult Butt	Myers				

	DE DEATH	CERTIFICATE	
		owners.	
		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NA	2 746
	The riving wonder and the		
5 4			
	300		
	renduit e ference		ALECT TOPES
			Property and Property Makes School Inc.
		and plant to have finding	
		AL TO VIETE HIS SAME SE	A SAPAR BURNING STREET
	To any the outers given as	AUGUS AUGUS SIGN	Santanak edelah sa Arabu).

ter death. Page 4 e funeral director, auld be filed with Then please remave carbon papers. Pages 1 and 2 should be filed TO HOSPITAL ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour may be reto. If by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in bingge 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the State Board at Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1011071	HEART						
CE	RTIF	ICA	TE	OF	DE	AT	Ή

14450	CERTIFICA	TE OF DEA	IH		14403
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE o. STATE Md.	(Where deceased lived. 1 b. (COLUNITY	e before admission)
b. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside corporate limits	s, write RURAL ond g	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Wash. Co. Hospital	address)	d. STREET ADDRE	ss Franklin	1	e. IS RESIDENCE ON A FARM? YES NO 🔊
3. NAME OF First DECEASED (Type or print) James	Middle C	Riley	4. DATE OF DEATH	Month 12	27 Year 19 60
s. sex 6. COLOR OR RACE 7. MARK male white widow	RIED NEVER MARRIED A	B. DATE OF BIRTH May 18,	9. AGE lost b	11 1	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if reticed) CONSTRUCTION WORKER	KIND OF BUSINESS OR INDU		Stote or foreign country) COWN, Md.		SA
Ralph Riley		14. MOTHER'S MAID	en NAME anche Swartz		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no. or unknown)	T9-09-6443 Ral	nformant ph Riley	Hagerstown,	Address Md •	
Conditions, if any, which gave rise to immediate couse (a), stating the under lying couse lost. DUE TO DUE TO (c) a)	remia and Pu enign Prosta L Hydrourete	tic Hyper	trophy and		24 hours. Unknown.
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE	FERMINAL DISEASE CONDI	TION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. While		ED. (Enter noture of injure) LACE OF INJURY (Home, office bldg)	form, 20f. (City or town)		ounty) (Stote)
21. I certify that (I) (this haspital) attends as the deceased alive on Dec. 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) R.A.Bell	26/19 60 and that of	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF PHYS.	Dec.	date stated obave. 22b. DATE SIGNED 27, 1960
230. BURIAL, CREMATION, 23b. DATE THEREOF BEMOVAL (Specify) 12–29–60	23c. NAME OF CEMETERY C	OR CREMATORY	Hagerstown 23d. LOCATION (Cit Hagersto	y, town, or county)	(State)
24. FUNERAL DIRECTOR'S SIGNATURE Fred W. Kraiss Hagersto	ADDRESS	2So.		Onthun 8. 1	

10 162 · Un char som when we want the sort, all , I Lucie AND LONG TO SECURE A SECURE AND A SECURE ASSESSMENT OF THE SECURE ASSESSMENT ASSESSMENT OF THE SECURE ASSESSMENT ASSESSME THE RESERVE OF THE PARTY OF could in their state of the control of the control

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DE a. COUNTY	Washingt	ton	MARYLAN	II a ST	AL RESIDENCE (WATE Penna		lived. If institution b. COUNTY	n: Residence b	efare admiss	ion)
b. CITY OR TO	OWN (If autside carporate lim give nearest tawn)	nits, write c.	LENGTH OF STAY IN	1b c. Cl	TY OR TOWN (If	autside carpore	ote limits, write RL	IRAL and give	nearest tawr	1)
Rura	Hancock Mo	i.	2 Months	-	verett	Rural	2			
d. NAME OF OR INSTITU	HOSPITAL (If nat in haspital, UTION	give street addr	ress)	d. S	TREET ADDRESS		75	X_ 5		FARM?
	Home						1 2	77.3	YES _	NO 🗆
3. NAME OF DECEASED	Fi	irst	Middle		Last	4. DATE OF	Mant			Year
(Type or print	TATE	aria	Jane		Ritchey	-	12		-	19 60
S. SEX	6. COLOR OR RACE		NEVER MARRIED		- 0	5	last birthday)	Manths Da		Min.
F	W	WIDOWED	,	707	2.1870		90 yrs.	la airia		
during mast	CUPATION (Give kind af wark af warking life, even if retired	dane 10b. KIN	D OF BUSINESS OR II		BIRTHPLACE (State				OF WHAT	
Hous 13. FATHER'S NA	sewife	Ho	usewife		Bedford THER'S MAIDEN		ty Penn	a U	.S.A.	
				14. MC			A			
	SEDEVER IN U. S. ARMED FO	BCESS 14 SOC	TAL SECTION NO T	7 INFORMAN		Swar	C Z Addr	956		•
(Yes, no, or unknown	(If yes, give war ar dates of	service)		24				Hane	ools M	(a
No CAUSE	OF DEAML IT		None	MI.S IV	ellie E	xline	nural		NTERVAL BE	
100000000000000000000000000000000000000	OF DEATH [Enter only one of I. DEATH WAS CAUSED BY:	ause per line to	ar (a), (b), and (c),	1011	noma	100	for		DNSET AND	
, ,	IMMEDIATE CAUSE (CIC	100.	1		1			
1	3 -8 DUE TO	0	(OK	NIM	ic III	MIC	or de C	J	Zh	10
	ta immediate l	b)		1000	-0 10	10	7 000 0			
cause (a), lying caus	stating the under-									
-	II. OTHER SIGNIFICANT CON	VDITIONS CON	TRIBUTING TO DEATH	BUT NOT REL	ATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART 10	119. WAS	AUTOPSY
PART PART									PERFC	RMED?
E 200 ACCID	ENT WAS UNDERLYING D	20b. DESCRIB	HOW INJURY OCCI	JRRED. (Enter	nature af igjury in	Part I ar Part	II af item 18.)		1.50	
OR CONTRI	BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)									
20c. TIME OF	F INJURY Month, Day, Yo			e. PLACE OF It	NJURY (Hame, fari	m, 20f. (City	ar tawn)	(Cau	nty)	(State)
WED	p. m. 19	While at wark	Nat white at wark	ń	1 1	1	10	- 1		
21. I certi	fy that (I) (this hospita)) ottended	the deceosed fro	om. 00	T/X 15	06 to	V10/	1, 1960	that (1) 4	we) last
saw the o	deceased alive on/	Dec-16	11900, and th	at deoth or	curred at 7/	M, from 1	he causes on	d on the d	ote stoted	above.
22a. SIGNA	TURE TURE	art	12	M.D. PH	TENDING N	AED.	STAFF PHYS.		22	b. DATE SIGNED
22c. PHYSIC	IAN'S	11	1		. ADDRESS	PIRECTOR [rn15. [_]			
NAME	(Type) Ha	ni co	al he	1.		14.5+	1AFF	ER		
23a. BURIAL, CR		OF 23	3c. NAME OF CEMETE	RY OR CREMA	TORY	23d. LOCATI	ON (City, tawn, o	r caunty)	(Stol	te)
REMOVAL (60 B	ethel Cer	metery		Bedf	ord Cou	inty P	enna.	
24. FUNERAL DIS	RECTOR'S SIGNATURE	TA SE	ADDRESS		^	D BY REGISTE		TRAR'S SIGN		
Hour	red & Su	me to	tonese C	2 md	JOAT DE	C 2 3 '60	Ciri	hun S. Th	alla	

HITAGO O STADINISSO TO TO THE modan inigali S. Louis Tanaous W. L. S. Montas W. Everst St. Smith S. 0.01.11.1 . To service process to the constant of the contract of the co There were the second of the s Additional fagual online bulled to another Mintel 10. ... In Bethal Countery ... Centres wiered the first of the sea between the mark the seattle of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14455

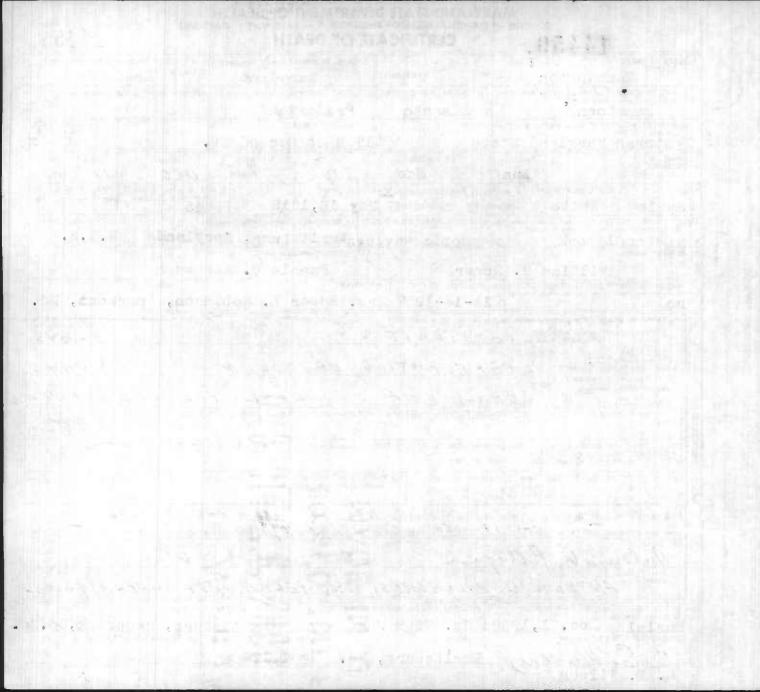
14459	CERTIFICA	TE OF DEATH	14455
1. PLACE OF DEATH		CTATE . COUNTY	
Washington	MARYLAND	Maryland E. COUNTY Rr	ederick /
b. CITY OR TOWN (If autside carparate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURA) as	nd give nearest tawn)
Hagerstown	1 month	Frederick	111-2
 d. NAME OF HOSPITAL (If nat in hospital, give street OR INSTITUTION 	address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Westeran Maryland Sta	te	17 East Second St.	YES NO 🔀
3. NAME OF First DECEASED	Middle	Last 4. DATE Manth	Day Year
		110001	17 1960
		last hirthday) Manth	
		May 16,1915 45 yrs.	
during most of working life even if retired)			
	agnetic Devi		U.S.A.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) His gars town His gars town A NAME OR CHOSPITAL (If not in hospital, give street address) OR INSTITUTION S. SEX OR ON COLOR OR RACE First Middle Mas A DEEC R OR OF THE WIDOWED DECARD (Spee or print) DIVORCED White WiDOWED DIVORCED DIVORCED DIVORCED May 16. COLOR OR RACE 7. MARRIED DIVORCED DIVORCED DIVORCED May 16. COLOR OR RACE 7. MARRIED DIVORCED DIVORCED May 16. COLOR OR RACE 7. MARRIED DIVORCED DIVORCED May 16. COLOR OR RACE 7. MARRIED DIVORCED May 16. COLOR OR RACE 7. MARRIED DIVORCED DIVORCED May 16. COLOR OR RACE 7. MARRIED DIVORCED May 18. DATE OF BIRTH PART H. DEATH Month's Days Hours Magnetic Device SEmmits burg, Maryland U.S.A. 11. FATHER'S NAME 12. CITIZEN OF WHAT COUNTRY WILL DEATH Magnetic DIVOR 14. MOTHER'S MAIDEN NAME PART I. DEATH WAS CAUSED BY. (b) PER FOR PITON OF COLON 18. COLOR OR RACE (c) CRECINO MAR DIVIDING DIVORCED Magnetic DIVORCED Magnetic DIVORCED Magnetic DIVORCED Magnetic DIVORCED May 16. COLOR Magnetic DIVORCED May 16. COLOR Magnetic DIVORCED May 16. COLOR Magnetic DIVORCED Magnetic Magnetic DIVORCED Magnetic DIVORCED Magnetic DIVORCED Magnetic Magnetic DIVORCED Magnetic Magnetic Magnetic DIVORCED Magnetic Magnetic Magnetic DIVORCED Magnetic M			
(Yes, no, or unknown) (If yes, give war or dates of service)			
***		rs. Edger L. Robinson, Th	
			ONSET AND DEATH
IMMEDIATE CAUSE (a)	KITONITI	S	3 DAYS
			2 0 0
Canditians, if any, which	RFORATIO	N OF COLON	3 DAYS
DUE TO	DELVERALD	CT WESTER FIELD	ELAPARTICA
O FART III. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN I	PERFORMED?
20g. ACCIDENT WAS LINDERLYING TI 20b. DES	CRIRE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of item 18.)	IES NO
OR CONTRIBUTING CAUSE OF DEATH			
Z 20c. TIME OF INJURY Manth, Day, Year 20d.	NJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 20f. (City or town)	(County) (State)
Haur a.m.	Nat while fa	ctary, street, affice bldg., etc.)	
		NOV 18 10/0 DEC 17 11	(0.0.00.00.00.00.00.00.00.00.00.00.00.00
21. I certify that (I) (this haspital) aftend	ded the deceased from	1966, 10 01=6, 15	
	ly, and that c	death accurred at 10 pM, fram the causes and an	
0.1- 11 000	gan.	ATTENDING MED. STAFF	
22c. PHYSICIAN'S		22d. ADDRESS	
NAME (Type) ANTONIO U.	PALLACROS	1 1500 PENNA AVE. HAG	CEASTOWN
REMOVAL (Specify)			
C. E. William	Emmitshing.	MA DATE DEC 2 2 160	9 Krauk

TO HOSPITAL A STENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haum may be refer to by the haspital article and physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in a page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

2 shauld be filed with

er death. Page 4



after death. Page 4 efuneral director, TO HOSPITA OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retained by the hospital or attending physician. TO FUNERAL DYRECTOR: After this certificate has been signed by the attending physician and completely filled in a page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, or removal, and in any event, within 78 hours after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1, PLACE OF DEATH 5. COUNTY	MARYLAND	2. USUAL RESIDENCE (V	Vhere deceased	b. COUNTY			sion)
	NGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpor		Shing URAL ond give		1)
RURAL and give nearest town) Hagerstown	3 vrs.	Hagersto	רושי	X			
d. NAME OF HOSPITAL (If not in haspital, give street oddress		d. STREET ADDRESS	NA.		e. IS RESIDENCE ON A FARM?		
GarlockConvalescent Hom	ie	Rt. 5	Hagers	town Ma	rvla		NO
3. NAME OF First	Middle	Last	4. DATE	Mon		Day	Year
DECEASED (Type or print) ANNA	REBECCA	ROHRE		Dec.			1960
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF UNDE	R 24 HRS.
Female White WIDOWED EX	DIVORCED	Oct. 30.1	859	101 yrs.	Monnins	Adys Hours	Willi.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stat	te or fareign co	ountry)	12. CITIZ	EN OF WHAT C	OUNTRY?
	sewife	Funksto	רשו		U	SA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN					
John Helferstav		Patsy	Creage	יך			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	L SECURITY NO. 17. II	NFORMANT		19	E. #5	-11	
No (If yes, give war or dates of service)	M	r. Robert	R. Roh			town.	Ma
1B. CAUSE OF DEATH Enter only one couse per line for					6	INTERVAL BE	TWEEN
		tic Cardiov	rascul.	ar Dise	ase	35 Ye	ars
DUE TO						200	<u> </u>
	ralized A	rteriosclar	cosis.			Year	S
gave rise to immediate				12.00			
lying couse last.							
(c)	BUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. WAS	AUTOPSY
CATIO	None					YES	RMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	HOW INJURY OCCURRE	D. (Enter noture of injury in	n Port I or Port	Il of item 18.)			
	OCCUPPED 20e PI	ACE OF INJURY (Home, fa	rm 20f (City	os town)	ICe	ounty)	(Stote)
9	Nat while fo	ctory, street, office bldg., e		or lowing	100	only ,	(31010)
21. I certify that (I) (this haspital) attended the	deceased from	July 5, 1	57 to	Dec. 18	• 19 €	Othat (I) (we) last
saw the deceased alive on Dec. 18	19 60 and that	death accurred at					
220. SIGNATURE	. /					22	b DATE
1100	ill	M.D. PHYS.	MED.	STAFF PHYS.	12	2-19-6	OSIGNED
22c. PHYSICIAN'S	~	22d. ADDRESS		Marie II. Eller			
NAME (Typé) R. A. Bell, M.	.D.		Hagers	town, M	aryla	ind.	
	NAME OF CEMETERY C	OR CREMATORY	23d. LOCAT	ION (City, town,	or county)	(Stal	te)
Burial 12-20-60	Mt. View	Cemertery	Sh	arpsbur	g. Ma	arvlan	d
	ADDRESS		C'D BY REGIST	-	STRAR'S SIGI	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4
Andrew K. Coffman Ha	agerstown	Md. PATEC	21 '60	Chill	1 S. Fin	us	

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VR A15 (4) 15M 9/59

2 hours after death.

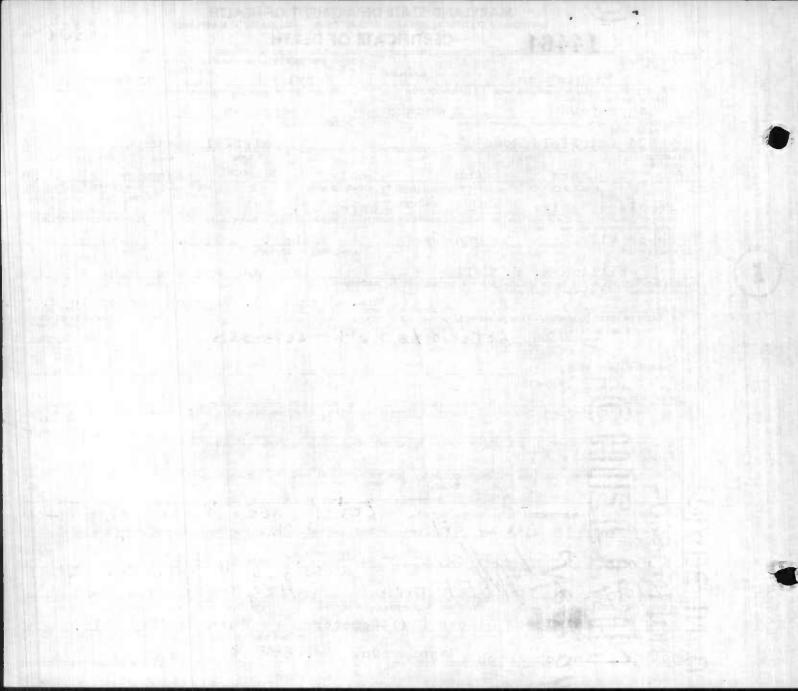
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14461

14457

d.

o. COUNTY		2. USUAL RESIDENCE (Who		Residence before admission)
Washington	MASTINE OF ROWN IF Understate corporate limits, write RURAL and give nearest flown) AL ond give nearest flown) ME OF HOSPITAL (If not in hospital, give street address) ME OF HOSPITAL (If not in hospital, give street address) ME OF HOSPITAL (If not in hospital, give street address) ME OF HOSPITAL (If not in hospital, give street address) ME OF HOSPITAL (If not in hospital, give street address) ME OF HOSPITAL (If not in hospital, give street address) ME OF HOSPITAL (If not in hospital, give street address) ME OF HOSPITAL (If not in hospital, give street address) ME OF HOSPITAL (If not in hospital, give street address) ME OF HOSPITAL (If not in hospital, give street address) ME OF HOSPITAL (If not in hospital, give street address) ME OF HOSPITAL (If not in hospital, give street address) ME OF HOSPITAL (If not in hospital, give street address) Minimal Example of Month (In the Month (In the Month) Mary Ann Peoples Mary Ann	shington		
b. CITY OR TOWN (If outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RURA	L ond give nearest town)
TT	2 months	03 Hager	stown	
d. NAME OF HOSPITAL (If not in hospital, give street	address)	d. STREET ADDRESS		e. IS RESIDENCE
		935 Fa	airfield Road	YES NO
3. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Day Year
Daara			Decein	
	A STATE OF THE PARTY OF THE PAR	B. DATE OF BIRTH		
2011020 1111200	MARYLAND Maryland State Maryland State Maryland State Maryland State Maryland			
10o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	Walhal:	l Miss.	
13. FATHER'S NAME	MELL SIMPLE	14. MOTHER'S MAIDEN N	IAME	
William H. H. H	Iu11	Marv	Ann Peoples	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.				The state of the s
[If yes, give wor or dates of service]	M·	rs. Merritt	A. Bigelow 1	Tagerstown.
18. CAUSE OF DEATH Enter only one couse per lie				
Mary Ann Peoples Washington Maryland Washington Ann College Flore (Lease of the College of the College) Maryland Washington Ann Sealy Jagerstown d. SREET ADDRESS Washington Maryland Washington Jagerstown d. SREET ADDRESS Washington Maryland Washington Maryland Washington Jagerstown d. SREET ADDRESS ANN Jagerstown d. SREET ADDRESS ANN Jagerstown d. SREET ADDRESS Ann Sealy Maryland Maryland Washington Down Flore Jagerstown d. SREET ADDRESS Ann December 2 1 9 60 SAMMO TEST MARK Maryland Maryland Maryland Washington Down Home Jagerstown Maryland Washington Down Home Maryland Ma				
The second secon	cerio ne n	erhroscie	270313	4 me-
cause (a), stating the under-				
, (-)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
3				
200. ACCIDENT WAS UNDERLYING A 206. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	Part I or Port II of item 18.)	5-17-1-3-1-3-1-31
20c. TIME OF INJURY Month, Doy, Year 20d. II				(County) (Stote
10	IAOI MIIIE	ciory, street, office bidg., etc.		
		oct. 1 in	60 to 100.21	306/ 11-1111
	1 1			
	IY and that c	death accurred a 630	M, from the causes and c	
Market 1	11	ATTENDING ME	ED. STAFF	
22c PHYSICIANS ()	Mora			1 2 cm
MASTINGTON EXPLANDED IN THE RELIGION OF STAY IN 15 EXAMPLED FOR TOWN (if dustides corporate limits, write RURAL and give merest form) A STREET ADDRESS C. LENGTH OF STAY IN 15 A MASTINGTON O'MENSTRUTION A. (If not in happiol, give street address) O'MENSTRUTION A. (If not in happiol, give street address) O'MENSTRUTION A. (If not in happiol, give street address) O'MENSTRUTION A. (If not in happiol, give street address) O'MENSTRUTION A. (If not in happiol, give street address) O'MAN FAM O'S STAY FORMAL O'S STAY IN 16 A NOTE OF BIRTH DO'N FIRST FORMAL O'CLUPATION (Give lond of work done) O'MENSTRUTION A. (If year) O'MENSTRUTI				
	23c. NAME OF CEMETERY C	OR CREMATORY	200 LOCATION (City, town, or co	ounty) (Stote)
Removal (Specify) 12-23=60	Rose Hill (Cemeterv	Oklahoma Cit	v Okla
24. FUNERAL DIRECTOR'S SIGNATURE				
Scott R Ninnich & Ca	. Hagerstov	vn, Md DATE EC	27'60	04
- AAAAA E MIIIIII & SO	11		- Linkhung	A Trans



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 14462

14458

1. PLACE OF DEATH o. COUNTY Was	shington		MAR	YLAND	2. USUAL RESIDE	-						ion)
RURAL ond give neares	st town)	its, write	c. LENGTH OF STAY	Y IN 16	7.7			rote limits, write	RURAL and	give nea	rest town	1)
OR INSTITUTION							enue		1		ON A	FARM?
3. NAME OF DECEASED (Type or print)	CECILE	rst			SE IBERT		4. DATE OF DEATH			21		7 ear 1 9 6 0
-						31, 1	.897	last birthday)	Months	Doys Doys	Hours	Min.
Beautician 13. FATHER'S NAME Lewis A.	B. Roacl) Se	elf Employ	red	Hager	stown	Man	ryland	U.S		WHATC	OUNTRY
						Rey	nolds			Mary	rland	d
B. CITY OR TOWN If outlide corporate limits, write a captage limits, write a c			AUTOPS!									
	INDERLYING CAUSE OF DEATH DICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY	OCCURRED	. (Enter noture of	in j ury in f	Part I or Po	rt II of item 18.)				
Y 20c. TIME OF INJURY Hour a. m. p. m.		While	Not while					y or town)		(Caunty)		(Stot
saw the deceased 22a. SIGNATURE 22c. PHYSICIANYS				d that de	eath accurred A.D. ATTENDING PHYS.	at 2 P	M, fram	the causes o			stated	
REMOVAL (Specify)						0			7.0	arvl		te)
Suter - Rous	GNATURE er funer		ADDRESS			FUEL V		TRAR 25b. REC	GISTRAR'S S	IGNATUR	RE	

ofter death. Page 4 he funeral directar filed TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after demay be retorned by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the formage 3 shauld be detached far use as the burial-transit permit. Then please remaye arban papers. Pages 1 and 2 should the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS. A15ME SM 2/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 144 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14460

Reg. Dist. No.

PLACE OF DEATH	NASHINGTON	MARYLAND	- 47.55				
b. CITY OR TOWN (f outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corpo	rate limits, write		
RURAL I	HAGERSTOWN	1 DAY	HAGER	STOWN	63		
	AGERSTOWN 1 DAY 1 DAY 1 DAY 1 DAY 1 DAY 1 STEET ADDRESS 20 VIEW ST. 1 DATE	IS RESIDENCE ON A FARM? YES NO N					
3, NAME OF DECEASED (Type or print)		F2 F2 F2 F7 F7		OF			
5. SEX	6. COLOR OR RACE 7. MAR	210 22 2 1		19		of wheel day to the owner.	[h
MALE	The same same				fost birthday)		
100. USUAL OCCUPATION during mast af warking	na life even if refired)				untry)		
13. FATHER'S NAME		Los al-	14. MOTHER'S MAIDEN	NAME			
ROBERT	H. SHANK		MADITION	DIGS T	WT TO		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. IN		B. SPIC		GERSTO	V N
(Yes, no. ex unknown)	(If yes, give war or dates of service)	NONE	MR. ROBERT	r H. S			•
			LEFT CHE	ST		ON	SET AND DEATH
Canditions, if a gave rise to imme (a), stating the cause last.	nry, which diate cause underlying DUE TO				Т		
PART II, OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIVE	EN IN PART I(o)	PERFORMED?
	USE WAS NTRIBUTING ACCI			rt I or Port I) o	f item 18.)		
20c. TIME OF INJU 1:10 a.m.	DEC. 30 60 WI	H. INJURY OCCURRED 20e. PLAC	iry, street, attice bidg., etc	C.)			(State) WASH.
21. I certify t	hot I took charge of the	remoins described obo	ve, held on Autop	sy X), In:	pection ,	Inquiry	, and in my
					-		
ACTUAL SIGNATURE	An EN Selle	2	_ M.D.			1/21	DATE SIGNED
EXAMINER'S NAME (Type)	DR. E.W.DITT	O, JR.				//	
BURIAL Specify	1/2/61	22c. NAME OF CEMETERY OR	EN CEM	HAGE	RSTOWN	MD.	(State)
3,1 -7	ornelet Ha	gerslown	Med	10.4			
	7	1					

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ALE STEWN, D. VASH.

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DR. E.W.DITTO.JR.

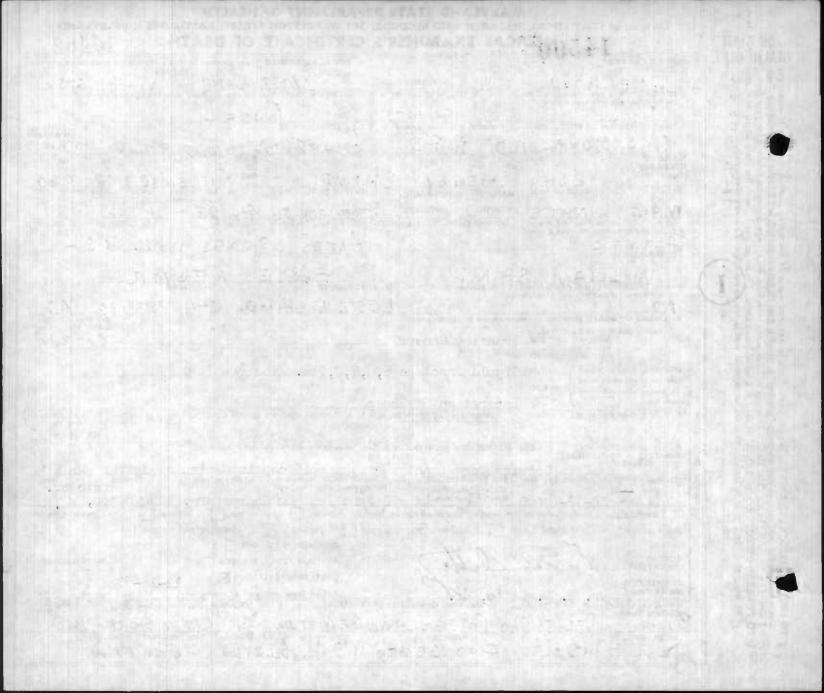
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PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH FOR STATE DICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY Health, director, Page b. COUNTY files. N b. CITY OR TOWN (if outside corporate limits, MARYLAND write RURAL and give neerest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) for your of d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) death Di TTO Board a. IS RESIDENCE ON A FARM? MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any total the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fuzzate forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to Ital DIRECTOR: Page 3 should be used as a burial-transit permit. Elle pages 1 and 2 with the State Egnated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. YES NO DECEASED (Type or print) NRY S NEVER MARRIED DEATH DECENIZEIZ. 2.
AGE (In years | IF UNDER I YEAR | IF HENRY 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED last birthday) WIDOWED DIVORCED 6 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired MOTHER'S MAIDEN NAME 13. FATHER'S NAME 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give wer or detes of service) SHAIRPS13URG 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) Freezing General or 2 hours DUE TO (b) Simple Fracture 5, 6, 7, 8, 9th. Ribs (Left geve rise to immediate cause DUE TO (e), stelling the underlying cause fest. Laceration Of Scalp PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? K NO 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of item 18.) PRIMARY TO or CONTRIBUTING CAUSE OF DEATH. farm tractor missed road capsized pinning driver should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Dey, Yeer 2Df. (City or Town) fectory, street, office bldg., etc.) While et work et work 19 60 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 12-14-60 EXAMINER'S please exe NAME (Type) TO DEPU Dr. E. I D Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 22e. BURIAL, CREMATION, 22d. LOCATION (City, town, or country) BEMOVAL (Specify) 40 FUNERAL DIRECTOR VS. A15ME ONSBORD 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



14480

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. far death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR CERTIFICATE OF DEATH

RCH A	AND RE	CORL	S - BALTIM	ORE 1, MARYLAND	71/	7 /	6	ŗ
ICA	ATE C	OF	DEATH		1.	14	U	2

a. COUNTY Washington	MARYLAND	o. STATE	Virginia	b. COUNT Berke	le y	Ion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) William Sport	c. LENGTH OF STAY IN 16		es VIIIe	e limits, write RURAL and	give nearest town	1)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION WILLIAMS port San, far	oddress)	d. STREET ADDRESS		851-3		FARM?
NAME OF DECEASED (Type or print) TAMES R	Shriver	Last	4. DATE OF DEATH	December		Yeor 19 <i>60</i>
sex 6. COLOR OR RACE 7. MARR Female with the widowi	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH JU1428 18	79 9.	AGE (In years left UNDER lost birthday) 8/ yrs. Honths	Days Hours	Min.
Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) A	kind of Business or Indu griculture	5		est Virginia	IZEN OF WHATO	
FATHER'S NAME John Shriver				Donaldson		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)		James O. St	nriver	Hedgesvi	lle Rt.	. #
PART I. DEATH Enter only one cause per lie PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (o), stating the under: lying couse lost.	Cardiac	arrest	evel		5 M	
PART II. OTHER SIGNIFICANT CONDITIONS OF	CRIBE HOW INJURY OCCURRE				PERFC	AUTOPS RMED? NO [
20c, TIME OF INJURY Month, Doy, Year 20d, II	NJURY OCCURRED 20e. PI	ACE OF INJURY (Home, foctory, street, office bldg,	arm, 20f. (City or etc.)	town) (County)	(Sto
21. I certify that (I) (this haspital) attends aw the deceased alive an 12 f / 220. SIGNATURE	- /	death accurred at /	MED. DIRECTOR			
NAME (Type) 19. E. BY 30. BURIAL, CREMATION, REMOVAL (Specify) Burial 12-23-1960	23c. NAME OF CEMETERY C Providence	Cemetery	Hedg	N (City, town, or county) esville Rt	(Stol	W.
Howard K. Brown Marti	nsburg, W. V		EC 2 3 '60	25b. REGISTRAR'S SI		

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Joseph C. Mary Land Co. Deposit

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K		14463	CERTIFI	CAIL	OF DEATH			1	7309	
M		PLACE OF DEATH		2.	USUAL RESIDENCE (W	/here decease			before admiss	ion)
1		Washington	MARYLA	AND	Mary	land	b. COUNTY	Washir	ngtan	
		o. CITY OR TOWN (If outside corporate limits RURAL and give nearest town)	s, write c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN (IF	outside corpo	orate limits, write R	URAL and giv	e nearest town	1)
		Hagerstown	44 years	O.) Hagerst	own				
31		d. NAME OF HOSPITAL (If not in hospital, gi or institution Washington County I	ve street oddress) Hospital	1	d. STREET ADDRESS	rch St	reet			FARM?
21	3.	NAME OF Firs			Last	4. DATE	Mor	ith	Day	Year
		(Type or print) JAMES	WILLIAM	1	SMITH	OF DEATH	Decembe:	r	3	1960
	S. 5		7. MARRIED NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UNDE	
_	M	ale White	WIDOWED TO DIVORCED	□ Au	gust 8, 18	81	lost birthdoy) 79 yrs.	Months D	ays Hours	Min.
1	10a	. USUAL OCCUPATION (Give kind of work d during most of working life, even if retired)	one 10b. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	e or foreign o	country)	12. CITIZE	N OF WHAT	OUNTRY
1		Retired Fireman	Furniture Com	many	New Oxfo	rd. Pe	enn.	U.S	5.A.	
		FATHER'S NAME			. MOTHER'S MAIDEN					
		Simon Charles	Smith		Agnes	Stalev				
		WAS DECEASED EVER IN U. S. ARMED FORCE		17, INFOR	MANT			lress	m'tal	
	1	no _	214-09-2503	Lest	er R. Smit	h	Hagerst	own, Ma	ryland	
		1B. CAUSE OF DEATH [Enter only one cou	se per line for (o), (b), and (c).]						INTERVAL BE	TWEEN
		PART I. DEATH WAS CAUSED BY:	Septal Infa	rct						ays
		DUE TO			The second				Inde	ter-
		Conditions, if ony, which) (b)	Arterioscle	rotio	Heart D	iseas	зе		mina	
		gove rise to immediate Couse (a), stating the under-								
		lying couse lost. (c)								
	ON N	PART II. OTHER SIGNIFICANT COND	OITIONS CONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TERA	AINAL DISEAS	SE CONDITION GIV	VEN IN PART I		AUTOPSY RMED?
7	3	Lobular Atel	ectasis						YES T	
00	CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCC	CURRED. (E	nter noture of injury in	Port I or Po	rt II of item 1B.)			
	SAL	20c. TIME OF INJURY Month, Doy, Yea	20d. INJURY OCCURRED 2	Oe. PLACE	OF INJURY (Home, for	m, 20f. (Cit	y or town)	(Co	unty)	(Stote
	MEDICAL	Hour o. m. p. m.	While Not while of work of work	rociory.	street, office bldg., et	(C.)				
		21. I certify that (I) (this hospital)	attended the deceased for	romNov	7. 25 19	60 ta	Dec. 3	1960	that (1) (met las
		saw the deceased alive an Dec	. 3_ 19 60 and t	hat deat	h accurred at		the causes ar			
		22o. SIGNATURE	/ 0	rat dear					22	b. DATE
		/// J. Jam	on Mil	M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.	15-	5-60	SIGNE
-		22c PHYSICIAN'S W. T. Layn	nan. M.D.			Publi		e		
		(1,750)			На	gerst	own, Md			
	230	BURIAL, CREMATION, 23b. DATE THEREO	F 23c. NAME OF CEMET	ERY OR CR	EMATORY	23d. LOCA	ATION (City, town,	or county)	(Stot	'e)
		Burial 12/6/1960	Rest Have	n Cem	eterv	Hage	rstown,	Mary	rland	
9	3	FUNERAL DIRECTOR'S SIGNATURE UTER TUNERAL	Hama ADDRESS		2So. REC	D BY REGIS	STRAR 25b. REGI	ISTRAR'S SIGN	ATURE	
11/4		R. Franklin Berger	Hagerstow	n, Md	DATED E	C 0 20	0			

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14464

14465

1	a. COUNTY	Washington	MARYLANI	g STATE		re deceased /land	b. COUNTY		shin	
1	b. CITY OR TOWN	(If outside corporate limits, write	c. LENGTH OF STAY IN 1	c CITY OR			te limits, write R			
	RURAL and_give r	earest town)	50 years	1.0		gers				
-		ITAL (If not in haspital, give stree		d. STREET A		-6013	OOWII			RESIDENCE
	OR INSTITUTION	16 Wayside Av		1 11	6 Was	sido	100			ON A FARM?
1	. NAME OF	First	Middle			4. DATE		.1		Year
ľ	DECEASED (Type or print)			las		OF DEATH	Man		Day	
-	i. SEX	Margaret	Cathe		yder		Decemb . AGE (In years		VEAR IE I	19 6 0 JNDER 24 HRS
1	700	6. COLOR OR RACE 7. MAR					lost birthdoy)	_	-	ours Min.
-	Female	White WIDOV		Dec. 5,	1898		62 yrs.	110 61717		
ľ	during mast of wo	ION (Give kind of work done 10b rking life, even if retired)		DUSTRY 11. BIRTHPL	ACE (Stote of	r foreign cou	ntry)	12. CITIZ	EN OF WH	IAT COUNTRY
		e Wife	Own Home		hingt		o. Md.			
1	3. FATHER'S NAME			14. MOTHER'S	MAIDEN NA	ME				
	Frank	c Barr			Mar	gare	t	Unkn	own	
1	S. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17	INFORMANT		5.00	Add	ress		
			a admira a francisco	Edward T	. Sny	der	Ная	erst	own.	4"4d
	18. CAUSE OF DE	ATH [Enter anly ane couse per	line for (o), (b), and (c).]						INTERVA	L BETWEEN
	PART I. DE	ATH WAS CAUSED BY:	teams . Pas	1.1200 -	Que	e for	Cabin	ast mi	Ol43E1 X	NND DEATH
	345	DUE TO	1				ugi		Tie	ine ?
	Canditions, if	ony, which) (b)	of Dan	14 us -					- 00	
	gave rise to	immediate (4 -	po.
	lying cause last	me under-	Multiple	Sele	1000 ci				15	yes
	PART II. OT	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO	THETERMIN	IAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. W	VAS AUTOPSY
	PART II. OT									ERFORMED?
	20a. ACCIDENT W	AS_UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCUI	RED. (Enter nature o	f injury in Po	art I or Part I	l of item 18.)			
1	OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)								
		RY Month, Day, Year 20d.	INJURY OCCURRED 20e.	PLACE OF INJURY	Home, form,	20f. (City o	or town)	(Cc	ounty)	(State
	Hour o.m.	While	e Not while	foctory, street, office	bldg., etc.)					
1										
	21. I certify that (I) (this haspital) attended the deceased fram Au. 1962, ta Dec 8, 1960, that (I) (we) las saw the deceased alive an 2002 2 1960, and that death accurred at 4, M, from the causes and an the date stated above									
		ised alive an	19 60, and tha	t death accurre	d at	M, fram tl	he causes an	d an the	date sto	ated abave
1	220. SIGNATURE	01, 0, 26	11/	ATTENDIN	G MED		STAFF		7	226. DATE
11	22c. PHYSICIAN'S	120.0170	111	M.D. PHYS.		ECTOR 🗆	PHYS.			49/0
•	Edward	W D4++- 177	MD			lochi	naton	4.2		
	-awara	W. Ditto 111			lest V	asiiii	ngton S	, ,		
) 2	3a. BURIAL, CREMATI REMOVAL (Specify	()	23c. NAME OF CEMETER			23d. LOCATIO	ON (City, town,	or county)		(Stote)
1	Burial	12-11-60	Rose Hil	1 emete			gersto	wn,	d.	
13	4. FUNERAL DIRECTO	E'S SIGNATURE	ADDRESS		25a. REC'D	BY REGISTR	AR 2Sb. REGI	STRAR'S SIGI	11	
	Scott F.	Minnich & S	on Hagerst	own, Md.	DATE DE	C 1 2 '60	a	ithur S.	/ Blacks	

completely filled in by me funeral director, papers, Pages 1 and 2 should be filed with TO HOSPITAL CATTENDING PHYSICIAN: The low requires that the deoth certificate be executed vithin 22 may be retain by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille page 3 should be detached for use as the burial-transit permit. Then please remaye carbon pagers? Pages the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

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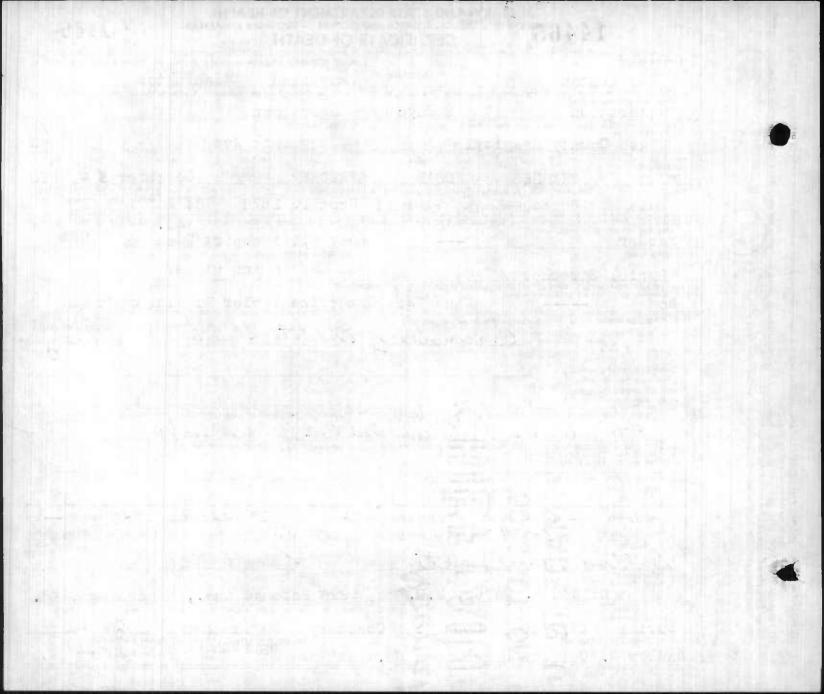
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VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH GOMISSION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND Them FilmG27CERTIFICATE OF DEATH 302

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1	4	4	1	20
-	will,	-4	0	O

1. PLACE OF DEATH o. COUNTY Washington 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission: STATE b. COUNTY, Maryland Washington				
b. CITY OR TOWN (If outside corporate limits, a RURAL and give nearest town)	write c. LENGTH OF STAY IN 16		orporate limits, write RURAL and gi	ve nearest town)
Hagerstown	6 Days	**Hagers town		
d. NAME OF HOSPITAL (If not in haspital, give OR INSTITUTION	street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Wash County Hos	pital	428 Summit	Ave	YES NO
3. NAME OF First DECEASED	Middle	Last 4. DA	TE Manth	Day Year
(Type or print) CHARLES	EDGAR	SPRECHER DE	ATH December	\$ 4. 1960
S. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER I	
Male White w	IDOWED TO DIVORCED	Sept 10 1876	lost birthday) Months C	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work don during most of warking life, even if retired)	e 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or farei	gn country) Md. 12.CITIZ	EN OF WHAT COUNTRY?
Farmer		near williams	port Wash Co	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Daniel Sprecher		Martha An	n willer	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY NO. 17. II	IFORMANT	Address	
No (If yes, give war or dates of service	el les	Catherine Tayl	or Williamspo	rt Md
18. CAUSE OF DEATH [Enter only one cause		00001101110 -0031	R # 2	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	per line for (o), (b), and (c).	P. tot I	0- 0	ONSET AND DEATH
IMMEDIATE CAUSE (o)	arcinoma !	Prostate I	rano-	1/2 year
DUE TO				0
Conditions, if any, which gove rise to immediate (b)				
couse (a), stating the under-				
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDIT	- Vessels Charter 6	arch arta, Beriph	iral Vassels	YES NO
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or	Port II af item 18.)	
20c. TIME OF INJURY Month, Doy, Year		ACE OF INJURY (Home, form, 20f.	(City or town) (Cr	ounty) (State)
20c. TIME OF INJURY Month, Doy, Year Hour o. m.	While Not while fo	ctory, street, office bldg., etc.)		
		2 = /	12.11- 10/1	<u> </u>
21. I certify that (I) (this hospital) o			to 12 - 4 - 1966	
saw the deceased alive an / 2-	7196 (), and that a	leath accurred at O. M., fr	am the causes and an the	
220. SIGNATURE		ATTENDING MED.	STAFF	22b. DATE SIGNED
Dalling M.	Welly	M.D. ATTENDING MED. DIRECTOR	STAFF PHYS.	
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
Dalton M.	Welty, M.D.	998 Potomac	Ave. Hagers	town, Md-
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY 23d. L	OCATION (City, town, or county)	(Stote)
Burial 12/7/60	Rose Hill C	emetery Hage	erstown wash G	a Md
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY RE	GISTRAR 256. REGISTRAR'S SIG	
Andrew K. Coffman	Hagerstown Md.	DEC 1	2 60 Chilling &	. Hrave
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death. Page 4

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+ s		9 6	Tit.	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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TO HOSPITAL PRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs	S> may be retain by the haspital or attending physician.	15	See page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and	
15	M	9/	59	

ı		LACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission	1)
	a	COUNTY	MARYLAND	Maryland 6. COUNTY Washing	ton
,	Ь	CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	
1	1-	12gerstown	1 hour	Williamsport	
ı		NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS e. IS RESID ON A F.	ENCE ARM?
	1	Nashington County	y Hospital		NO D
	3. N	NAME OF First	Middle	Last 4. DATE Month Day Ye	regt .
		Type or print)	William	Stevens DEATH 12 3 19	60
	S. SI	EX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER lost birthdoy) Months Days Hours	24 HRS.
		M WIDOWE	ED DIVORCED	10-17-1905 55 yrs.	
1	10a.	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO	UNTRY?
	C	rman at fairchild f	airchild Airci	rat Marylanz US. 4.	
1		FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
1	1	Jilliam Stevens		Mary E. McClannahan	
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT Address 123 USE WIT	snt.
	(145	No No No 2	14-03-6341 1	suline V. Stevens Williams	205
		1B. CAUSE OF DEATH [Enter only one cause per lin	ne far (a), (b), and (c).]	INTERVAL BETY ONSET AND D	WEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Dentricuto	or tibulation 2m	in
		420 DUE TO	h/	0 1 7 0 1: 21	
		Conditions, if any, which (b)	11/40 cd	world Inforction The	un
		gave rise to immediate			
		cause (a), stating the <u>under-</u> DUL TO			
	NO.		CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AI PERFOR	UTOPSY MED?
i	CATI		None		NO D
1	CERTIFI	20a. ACCIDENT WAS UNDERLYING ADD. DESIGN CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Part I or Part II of item 18.)	
5)	NJURY OCCURRED 20e. P	PLACE OF INJURY (Home, form, 20f. (City of town) (County)	(Stote)
	EDICAL	Haur a.m. While	Notwhile fo	octory street, office bldg., etc.)	(0.0.0)
	×	p. m. 19 of wor	rk at work	10 1 27 1) 20 1 2	
		21. I certify that (I) (this hospital) attend	ded the deceased fram.	1409 195/ta 1800 that (1) (w	e) last
		saw the deceased alive an Dec 2	19_00 and that	death accurred at 122 M, from the causes and an the date stated	
		220 SIGNATURE	1-1	ATTENDING V MED STAFF	DATE
		March	21	M.D. PHYS. DIRECTOR PHYS.	-100
		22C. PHYSICIAN'S NAME (Type) MEB	rKit	28 W Potoma Umspt Ma	0
	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or county) (State	. 1
	1	Burial 12-6-60	Green La	NU Cematery Williamsport P	ld,
1	24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
3	1	Jan - 10 D Steppe	11/1001 musto	port mal DATE DEC 8 160 a short & Kroun	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMODE CERTIFICATE CERTIFICATE THE PROPERTY OF HEALTH THE PR

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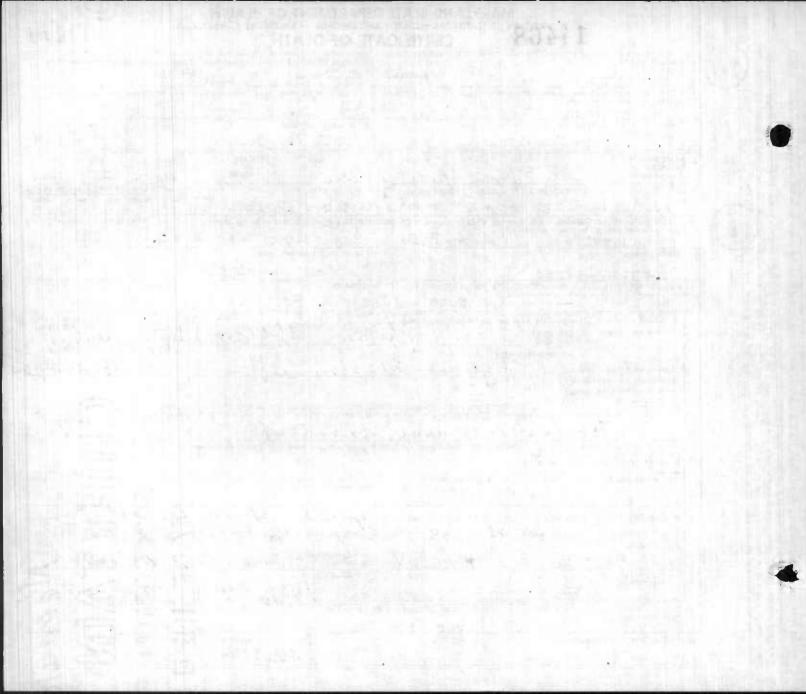
1. PLACE OF DEATH o. COUNTY	hington		MARYLAND	O. STATE	arylar	ne deceased live	ed. If institution b. COUNTY	washi		
b. CITY OR TOWN (If RURAL ond give ned Hag	outside corporote limorest town) gerstown	its, write	50 yrs.	0.40	own (If or	otside corporate	limits, write RL	JRAL ond give	nearest to	own)
d. NAME OF HOSPITA OR INSTITUTION 433	S Clarendo	0.000	ddress)	d. STREET A		rendon			10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fi LUT	HER	McLINN	STON		4. DATE OF DEATH	Mont		Day	Yeor 19 60
5. SEX Male	6. COLOR OR RACE	T	D NEVER MARRIED	B. DATE OF BIRT	1	9. 4		IF UNDER 1 Y	EAR IF UI	NDER 24 HRS.
10a. USUAL OCCUPATIOn during most of working Machin:	N (Give kind of work ng life, even if retired	done 10b. K	Ind of Business or Indu Iron works	Unio	ACE (Stote on Brid	or foreign count			OF WHA	T COUNTRY?
	seph Alber	The state of the s		14. MOTHER'S Emma. NFORMANT		ine Roc	igers		16	
No	f yes, give war or dates of	21	4-09-3782 Li	ther A.S	toner	433 Cla			gerst	own, Md
Conditions, if on gove rise to in couse (o), storing t lying couse lost. Part II. OTH	H WAS CAUSED BY: IMMEDIATE CAUSE (DUE TO y, which mediate he under: ER SIGNIFICANT CON Survey H WAS CAUSED BY: OUT TO OUT TO	o) Fe c) Se notitions co	cerebra Cerebr	Yarom. Lando T NOT RELATED TO		NAL DISEASE CO			6 C	SCOLLAR AUTOPSY RFORMED?
OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY) OR CONTRIBUTING OR CONTRIBUTING	CAUSE OF DEATH		URY OCCURRED 20e. P	LACE OF INJURY (octory, street, office	Home, form,	20f. (City or		(Cou	nty)	(Stote
21. I certify that saw the decease 220. SIGNATURE 22c. PHYSICIAN'S NAME TYPE 4 2			d the deceased fram, 2_19_60, and that		a 14.45	M, fram the	causes and			
23a. BURIAL, CREMATION REMOVAL (Specify) Burial	12/11/		23c. NAME OF CEMETERY O			23d. LOCATION Hagers	town	N	aryl	Stote) a n d
24. FUNERAL DIRECTOR'S	s signature en Funeral	Chane	ADDRESS Hagerstow	m.Md.		BY REGISTRAR		TRAR'S SIGN		
	u. a.	- 1			SAIL DE	U 1 = 00				

TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH 1 1 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WE o. STATE Maryland		COUNTY	ence before admi	ssion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. CITY OR TOWN (IF	outside corporate limi		d give nearest to	vn)
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION W. Ad. State Hospital)		d. STREET ADDRESS	rstown ginia Av	е	ON	SIDENCE A FARM?
3. NAME OF First DECEASED (Type or print)	Middle	Last	4. DATE OF DEATH	Month	Day 28	Yeor 1960
1.////	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE		ER 1 YEAR IF UN	.,
77 7 7 70 1 1	WED DIVORCED	October 17	1880 8	oirthdoy) Months	Doys Hour	Min.
10a. USUAL OCCUPATION (Give kind of work done 10) during most af working life, even if retired) Housewife	Own Home	Hagerstow	207	0 Md.	ITIZEN OF WHAT	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN				
Thornton Barnes		Mary C.	. Ropple			
		ames M. Swo	rd Jr Ha	Address gerstow	n Md	
Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause lost. PART II. OTHERSIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	yo nephr scontributing to DEATH BU neumonia.	osis, le	INAL DISEASE COND	DITION GIVEN IN PA	ART 1(o) 19. WAN PER YES	ORMED?
	ESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of it	em 18.)		
OD Hour o. m. 19 of w	le Not while fo	LACE OF INJURY (Home, form octory, street, office bldg., etc		1)	(County)	(Stote)
21. I certify that (I) (this hospital) attersow the deceased alive on Dec. 2			M, from the co		60, that (1)	
22a. SIGNATURE Found E 22c. PHYSICIAN'S NAME TO SE	Chun		ED STAF	Se Se	c. 28. Hagersto	1960
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 12/30/60		Cemetery	23d LOCATION (C	port Wa	sh Co	ote)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	25b. REGISTRAR'S		
Andrew K. Coffman Ha	ger town Md.	DATEUE	C 3 0 '60			



14469

CERTIFICATE OF DEATH

Reg. Dist. No.

14471

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE and COLINITY	e before admission) 🕳
WASHINGTON MARYLAND	MARYLAND WASHING	
"b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town)
HAGEISTOWN 1/DAYS	ASEAVER OREEK - KURA	3 6
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
WASH. CO. HOSPITAL	HAGEISTOWN MO. K./	YES NO
3. NAME OF First Middle Middle	Last 4. DATE Month	Day Year
(Type or print) (QUINITER E, VAL	ENTINE DECEMBER	
A TOTAL DE LA CONTRACTOR DE LA CONTRACTO		TYEAR IF UNDER 24 HRS. Days Hours Min.
MALE WHITE WIDOWED DIVORCED	CUNE 25 - 18/4 8 yrs. 6	9
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU Juring most of working life, even if retired)		ZEŃ OF WHAT COUNTRY?
KETIRED EMPLOYEE THLOUR MILL	ICAVETOWN WASH. CO. MD. U	ISIA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
/ NEUBEN VALENTINE	MARY STULL	
(Yes, no, or unknown) (If yes, give war or dates of service)	NFORMANT Address	
10 213-10-7032M	RS. LOLA VALENTINE MAGERSTI	MN WB-121
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		2 0000 -
331X DUE TO SPORTER P.	110 / 2 2 2 2	70.
Conditions, if any, which gove rise to immediate (b)	o- hephrois	1 cois
couse (o), stoting the under-	- Certain releven	Years
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1/a) 10 WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Cere but he working to	INOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Port II of item 18.)	I III II NO LA
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (C	Dunty) (Stote)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to twork p. m. 19 of work of work 19	ctory, street, office bldg., etc.)	
21. I certify that I attended the deceased fram octobe	2-1 1060 1 Dure- 60 1126 1111	
	1 accurred at 7 25/2M, fram the causes and an the	it saw the deceased
drive dri vacas— g. T., 19 30, and that death	ADDRESS (Street, city or town, state)	DATE SIGNED
SIGNATURE To effection	Mp 21 North Main Street	12/4/6
SIGNATURE	M.D SI HOI OII MARIE BOLOGO	
PHYSICIAN'S Joseph Secondari	Boonsboro, Maryland	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O		(Stote)
(Surial DEC. 6.1960 FAHRWINEYS	CEMETERY SAN MAR WASH, C	O.MD
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
John H. Bast BOONSBORD 1	VID . DEC 13'60 College &	Thous

DRISECONDAR

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retain a by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death.

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL

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moy be remained by the haspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death.

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the ottending physician and campletely filled in by a funeral director. Then please remove carbon papers. Pages 1 and 2 should be filed with

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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o. COUNTY	ashington	•	MARY	LAND	2. USUAL RESIDENCE (Vo. STATE Mary)		lived. If institution b. COUNTY	Washir		ın)
RURAL ond gi	NN (If outside corporate limite negrest town) rstown	its, write	c. LENGTH OF STAY 50 years		Hage:	outside corpor	ote limits, write Rt	URAL ond give n	earest town)	
d. NAME OF HE OR INSTITUT Washin	OSPITAL (If not in hospitol, glow county I	give street o	ddress)		d. STREET ADDRESS 487 Mitcl	hell Av	e.		e. IS RESID ON A F YES	FARM?
3. NAME OF DECEASED (Type or print)	GROVER	rst	CLEVEL		VAUGHN	4. DATE OF DEATH	Decembe:		DQ1	60
s. sex Male	6. COLOR OR RACE White	7. MARRI	ED NEVER MARRI		pril 5, 189		9. AGE (In yeors birthdoy) yrs.	Months Days		Min.
Janito		1)	ank	OR INDUST	Luray, V	/irgini		U.S.	of what co)UNTRY
13. FATHER'S NAM	oseph Vaughn				14. MOTHER'S MAIDEN					
	D EVER IN U. S. ARMED FOR	(mairon)	OCIAL SECURITY NO. 9-14-8338		ormant s. Edith Var		Hagers	town, M	arylan	d
gove rise couse (o), sto lying couse		b) D	arte	ue	Schreen		()	A,	zev y	lear
20a. ACCIDEN	OTHER SIGNIFICANT CON IT WAS UNDERLYING ITING CAUSE OF DEATH OTHER SIGNIFICANT CON THE WAS UNDERLYING THE				(Enter noture of injury i			EN IN PART (O)	PERFOR	MED?
20c. TIME OF I	NJURY Month, Doy, Ye	ear 20d. IN While of work	JURY OCCURRED Not while of work	20e. PLAC	CE CF INJURY (Home, fo ory, street, office bldg., e	rm, 20f. (City	or town)	(Count	ly)	(Stote
saw the de	that (1) (this haspita	l) attende 1 2/1 4	100		1/28/60 1 oth accurred at 1	9 30 PM	2/14/60		ite stated	abave
22o. SIGNATU	The	aul 1	Whole les	W. M	.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	12	2/16/6	DATE SIGNED
22c. PHYSICIA NAME (I)	oward N. W		M.D.		22d. ADDRESS 136 N.P	otomac	St.,Ha	agersto	own, l	Md.
23a. BURIAL, CREM REMOVAL (SP Burial	ecify)	960	23c. NAME OF CEM			**	ION (City, town, corstown,	34	(Stote)	
Suter -	Rouzer Funer	ral Ho				DEC 2 1		Cirillan S.	TURE	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

CERT	IFIC/	ATE	OF D	EATH

	LACE OF DEATH	shington	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryl		b. COUNTY T.	ashin	
ь	CITY OR TOWN (I RURAL ond give no Hagerst	If outside carporate limits, write eorest town) COWN	c. LENGTH OF STAY IN 1b	Hage	outside corporate li rstown	imits, write RURA	L and give ne	earest town)
d	OR INSTITUTION	AL (If not in hospital, give streets) On County Hospi		d. STREET ADDRESS	tt Street			e. IS RESIDENCE ON A FARM? YES NO
D	NAME OF DECEASED Type or print)	MARY First	ROSE Middle	WA GNER	4. DATE OF DEATH DE	Month	1	Year 1960
5. S	emale	7.71. 2.4	RRIED NEVER MARRIED DIVORCED DIVORCED	April 10, 18	4 0		Onths Days	R IF UNDER 24 HRS. Hours Min.
10a.	during most of work	king life, even if retired)	b. KIND OF BUSINESS OR IND	**	e or fareign country own, Mary	_		S.A.
13. F	FATHER'S NAME	Villiam H. Knod	ll e	14. MOTHER'S MAIDEN	B. Wagon	67		
15. \ Yes,	WAS DECEASED EVE	R IN U. S. ARMED FORCES? 1 If yes, give war or dates of service)		INFORMANT Mr. George I		Address Hagerst	own, l	Md.
Z	Conditions, if a gave rise to i couse (a), stating lying couse last.	mmediate the under- (c)	Myocardi	al infarction lerotic heart		NDITION GIVEN I	I	TERVAL BETWEEN USET AND DEATH 10 minute ndefinite
MEDICAL CERTIFICATION	20a. ACCIDENT WA	AS UNDERLYING 20b. D CAUSE OF DEATH MEDICAL EXAMINER RY Month, Day, Year 20d Whi	escribe How Injury Occurs	denocarcinom	n Port I or Port II of	10 year		YES NO
		(I) (this haspital) attended alive on 10-24. (Court 1.) Robert F. F.	nded the deceased from 60-19, and that	M.D. ATTENDING ATTENDING PHYS. 22d. ADDRESS	5/3.12101 the	causes and a	De a c	
	BURIAL, CREMATIC REMOVAL (Specify Burial FUNERAL DIRECTOR Suter - HO	12/13/1960	23c. NAME OF CEMETERY Rest Haven Home Hagerstow	Cemetery 250. REC	23d. LOCATION Hagers C'D BY REGISTRAR DEC 1 4 '60	25b. REGISTRA	Ma	

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MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Washington MARYLAND Marvland ashington b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hagerstown Week Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 443 No Jonathan St YES NO Hospital Na sh County . First Middle 4. DATE Year DECEASED December 7 WATSON 1960 TOLLIVER (Type or print) MARTHA IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Female Colore ONIDOWED DIVORCED [VES Va . 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) during most of working life, even if retired) Elkton Rockingham Hotel Maid USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Willia David Cubbage 17. INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Mrs Elon Rhodes Harrisonburg Va. No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per lipe for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: occupacion IMMEDIATE CAUSE (o' **DUE TO** Conditions, if any, which (b) gove rise to immediate DUE TO cause (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRISE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f, (City or town) Month. Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a. m. While Not while at work ot work p. m. 21. I certify that (I) (this hospital) attended the deceased from , that (I) (we) last , and that death accurred at 200 M, from the causes and an the date stated above saw the deceased affive 220 SIGN TURE ATTENDING MED. M.D. PHYS. 220 PHYSICIAN'S 22d. ADDRESS W. Washington St. NAME (Type Philip J. Hirshman Hagerstown - Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Harridonburg

Cemeterv

25a. REC'D BY REGISTRAR

256 REGISTRAR'S SIGNATURE

Newtown

Coffman Hagerstown Md.

il director, filed with funeral pe pup filled Pages death. campletely after papers. hours pup 72 COL physician . 5 remave event attending a puo þ permit. removol been signed ar attending physician. burial-transit 5 certificate hos the After this detached far by the DIRECTOR: Board FUNERAL page 3 sh the State 0

death. Page

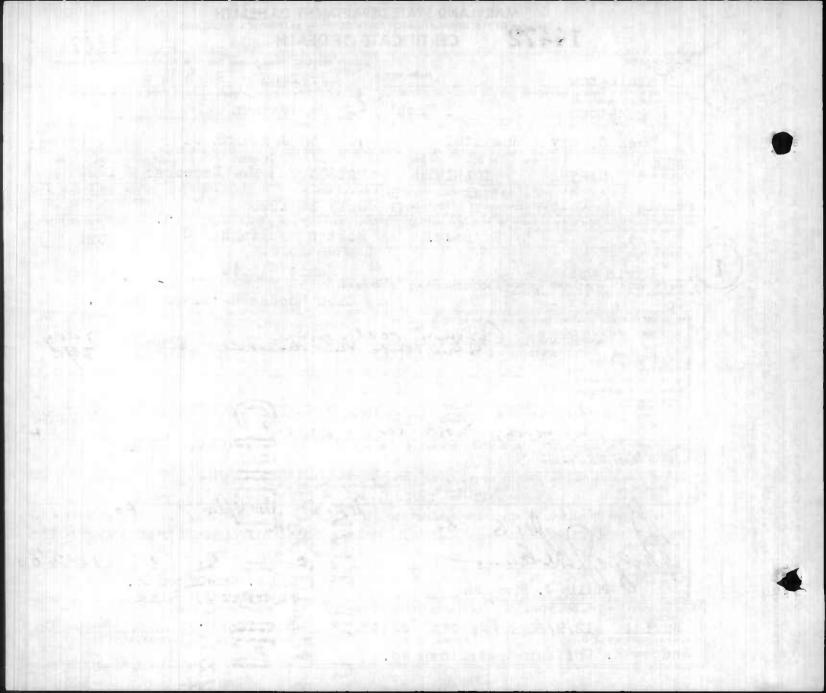
death certificate be

that

VR A15 (4) 15M 9/59

24. FUNERAL DIRECTOR'S SIGNATURE

Andrew K.



MARYLAND STATE DEPARTMENT OF HEALTH 1473 CERTIFICATE OF DEATH

14475

1. PLACE OF DEATH o. COUNTY	ington		MARYLAN		usual residence a. STATE Marvlan	2000	sed lived. If institution b. COUN		befare odr	nission)
	(If outside corporate limit	ts, write c.	LENGTH OF STAY IN	ТЬ	c. CITY OR TOWN	(If autside cor	porote limits, write	RURAL and giv	ve nearest to	own)
	rstown		46 yrs	1/ -	Hagers	stown				
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in hospital, g	ive street add	ress)	11	d. STREET ADDRES	SS				RESIDENCE A FARM?
91	ulberry A	ve.		1	872 M	lberr	v Ave.			□ NO □
3. NAME OF	Fire	st	Middle		Lost	4. DATE	-	onth	Day	Year
(Type or print)	Anna		Viola	W	eller	OF DEAT	H Dec	. 2	34	1960
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In yea			NDER 24 HRS.
Female	White	WIDOWE	DIVORCED		ov. 11,	1881	79 y		Days Hou	rs Min.
10a. USUAL OCCUPATI	ON (Give kind of work or rking life, even if retired)	one 10b. KIN	ID OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (S	State ar fareign	country)	12.CITIZI	EN OF WHA	T COUNTRY?
	ewife		Own Home		Broadt	fordin	g. Wash.	Ctv. Mc	i U.	S.A.
13. FATHER'S NAME				1	. MOTHER'S MAID					
John	A. Spran	kle			Anna	C. Go	od			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16. SOC	CIAL SECURITY NO. 1	7. INFO		0, 00		dress		
(Yes, no, or unknown)	(If yes, give war or dates of so		one	Mrs	Edna H	He when	gh,872	Wara her	orer A	ve
no lie CALISE OF DE	ATH [Enter only one co		one	MILS			town, A			8ETWEEN
	ATH WAS CAUSED BY:	0-	or (o), (b), ond (c).)			. 0		-u •	ONSET A	NO DEATH
300	IMMEDIATE CAUSE (o	Ce	repres		Ihrom	509	17		100	GSM.
232	DUE TO	A				0.	1 -	1		
Conditions, if	, (D	Ar	teriosel	240	- 416	Jens	121127	4	Xr	9.
gove rise to cause (o), stating							0			
lying cause last.	(c)								
PART II. OT	THER SIGNIFICANT CON	DITIONS <u>CON</u>	TRIBUTING TO DEATH	BUT NO	T RELATED TO THE T	ERMINAL DISE	ASE CONDITION (GIVEN IN PART	1(a) 19. W/ PEF YES	RFORMED?
200. ACCIDENT W	'AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIE	BE HOW INJURY OCCU	IRRED. (E	nter nature af injur	y in Port I ar P	ort II of item 18.)			
ZOc. TIME OF INJU Haur a.m. p. m.	RY Manth, Doy, Yeo	20d. INJU While at wark	Nat while	PLACE foctory	OF INJURY (Home, , street, affice bldg.	farm, 20f. (C	ity or tawn)	(Co	iunty)	(Stote)
21. I certify the	at (1) (t his hospita l) attended	the deceased fro	m Do	C.14	19.60 to	D . C . 2	1 1965	2, that (I) (we) last
	sed alive an De		1960, and the	-		130M, from	m the causes	and an the	date stat	ed above.
220. SYGDITATURE	1 a. /	Loll	man	M.D	ATTENDING L	MED. DIRECTOR [STAFF PHYS.		- 1	22b. DATE SIGNED
22c. PHYSICIAN(S NAME/(Type)	I A.	HO	FF mer	1	22d. ADDRESS 2 H &	14 N	· Poto	mec	11	
23a. BURIAL, CREMATIO)F 2	3c. NAME OF CEMETER	Y OR CI	REMATORY (23d. LOC	ATION (City, town	, or county)	(5	State)
REMOVAL (Specify	12/27/6	0	Rose Hill	Ce	meterv	Hao	rerstown	Ma		
24. FUNERAL DIRECTOR			ADDRESS		12/	REC'D BY REG		GISTRAR'S SIGN	NATURE	7
Andrew	K. Coffma	n Ha	caretown	Ma	DATE	DEC 3 0	'60	7 -1 0	40 .	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 7th haurs after death.

VR A1S (4) 15M 9/59

144 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be cremation, Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY a. STATE b. COUNTY WASHINGTON MARYLAND NASHINGTON buriol, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL HAGERSTOWN YRS. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? WASHINGTON COUNTY HOSPITAL HAGERSTOWN YES NO T registror NAME OF First Middle Last DATE Month Day Year funerol DECEASED WILLIAM WELLS (Type or print) DEATH DECEMBER 28 19 60 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 31/1899 Months Hours MALE WHITE WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) METAL WORKER SELF EMPLOYED U.S.A. DELEWARE 13. FATHER'S NAME moy 14. MOTHER'S MAIDEN NAME HENRY WELLS EMMA WELLS Poges 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT File RT.#1 HAGERSTOWN MD. Give NONE NO MR. HENRY WELLS PM3. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Item 18. FART I. DEATH WAS CAUSED BY CORONARY OCCLUSION, RIGHT with form JAMEDIATE CAUSE (a) RECENT burial-transit DUE,TO Canditions, if ony, which CORONARY ATHEROSCLEROSIS. SEVERE gave rise to immediate cause long DUE TO (a), stating the underlying CARDIAC HYPERTROPHY couse last. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY SO PERFORMED? YES K NO T 20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour Not while Medicol m at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection . Inquiry . to the Chief Accident , Suicide , death resulted from: Natural couses-IXI Homicide . Undetermined couse PATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** forword NAME (Type) W. DITTO. JR. DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 31/60 OLIVET ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE AN 3 Circling & House 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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			PROPERTY

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
d. STREET ADDRESS 9 North Potomac Street e. 15 RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
N WELSH 4. DATE Month Day Year DEATH 12 23 1960
August 22, 1890 9. AGE (In yeors left UNDER 1 YEAR IF UNDER 24 HRS. North Days Hours Min.
ustry 11. Birthplace (Stote or foreign country) Hagerstown, Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.
14. MOTHER'S MAIDEN NAME Nettie Boward
Richard Russell XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
thero 5 clerosis, severe unknown
PERFORMED? YES IN NO [] RED. (Enter noture of injury in Port I or Port II of item 18.)
PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State
octory, street, office bldg., etc.)
death occurred at A.A.M., from the causes and on the date stated above ATTENDING MED. STAFF S
22d. ADDRESS. 1500 Penna. Ave. Hagerstonn,
or CREMATORY 23d. LOCATION (City, town, or county) Emetery Hagerstown, Maryland
250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE 27'60 Cuthing & House

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Street and the			no ordinari	
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	e a la company de la compa	tioning the second	r igado nost	
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* (The Land con	local Contract - 12		332
	X 158 133 1 1 1	And Marine V		
		0		
		16 17 VI - 1 10 -	New Mark Town	
		A THE STATE OF STREET		
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	AND THE REAL PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE P	tonal I Dill seas	Total Land	
			The loss of August - Inc.	

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

14476 CERTIFICATE OF DEATH

Reg. Dist. No. 14478

Washington	MARYLAND	o. STATE West		. COUNTY	ce before admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		its, write RURAL and (give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION Washington County		d. STREET ADDRESS	TMASTE	P	S RESIDENCE ON A FARM? YES NO NO
3. NAME OF First DECEASED (Type or print) Shirley	Middle Ann	Whisner	4. DATE OF DEATH	Month 12	Day Year 5 1960
5. SEX 6. COLOR OR RACE 7. MARR WIDOWE	DIVORCED DIVORCED	B. DATE OF BIRTH	last	(In years birthday) Byrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b, during most of working life, even if retired)	KIND OF BUSINESS OR INDU	West Virg			U. S. A.
Harold D. Whisner		14. MOTHER'S MAIDEN	NAME V FAR	RIS	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	1 1-	AROLD WHI	SNER, GI	REAT CAL	eapon, W.VA
18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peri		hours			INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate cause (o), stating the <u>under-lying cause lost.</u> DUE TO (c) Inte	Corated megaco	ction and ile	eus; 24 h	ours	
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT					1 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Part II of it	em 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. j 19 While at work	Nat while fa	ACE OF INJURY (Home, for clory, street, office bldg., et		n) (C	County) (State)
21. I certify that I attended the decease					
actual SIGNATURE A. D. Jaymo		M.D. <u>Profession</u>	ADDRESS (Street, cit	y or town, state)	ne date stated above. DATE SIGNED Hags. Md.
PHYSICIAN'S NAME (Type) W. T. Layman, M.	. D.		*********************************		
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 12/8/60	MT NEBO	CEM.	GREAT C	ACAPON	W. VA
23. FUNERAL DIRECTOR'S SIGNATURE PARKS- SOHMSON BERKE	ADDRESS ELEY SPRINGS	Willy DATE		24b. REGISTRAR'S SIG	SNATURE .

	STATE DEPARTME	CHARLETOWN CO. THE CO.
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and gorneld.		oxfolist = Cold
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	Stelle policika da	
		MINARCE SQUARE ARTIST

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

source

(State)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

ON A FARM?

YES NO

Yeor

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			Secretary of the Control of the Cont

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY 60 b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Yerstown d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? anh YES T NO T NAME OF First Middle 4. DATE Month DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED T DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) DANGE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17-INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate DUE TO couse (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) None 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) O. fl. factory, street, office bldg., etc.) While Not while None None of work of work 21. I certify that I attended the deceased fram. Sept., 1959, to 19 60that I last saw the deceased Dec. Dec. , and that death occurred at _____PM, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 302 N. Potomac Street John D. Turco, M.D. Hagerstown, Maryland PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 14 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DEC 2 9 '60 Chillen & House

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MARYLAND	STATE DEPAR	TMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 14481 **CERTIFICATE OF DEATH**

	14481 CERTIFI	ICA	TE OF DEATH	14481		
	place of DEATH a. COUNTY,		2. USUAL RESIDENCE (Where deceased lived. If in a. STATE b. COL			
\L	Washington MARYL	AND	West Virginia			
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give nearest town)		
	Williamsport 1yn. 8 mos	21	Martins burg,	0 3 1 3		
	d. NAME OF HOSPITAL (If not in hospital, give street oddless) OR INSTITUTION		Route#1 Rocky LA	e. IS RESIDENCE ON A FARM? YES NO		
-	(VIII)ams port danitarium			77)E 113 NO		
3	DECEASED (Type or print) Ammale First Middle L	6	URay DEATH DO	Month Day Year		
1	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	рП	B. DATE OF BIRTH 9. AGE (In)	years IF UNDER 1 YEAR IF UNDER 24 HRS.		
	Female white WIDOWED DIVORCED	_	December 2, 1874 86	day) Months Days Hours Min.		
1	0a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)	INDU	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	House Duties Home		Downsville, Marylar	d W.S. A.		
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
James Lambert Jane Baldwin						
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17, IN	NFORMANT	Address		
	(Yes, no, or unknown) (If yes, give wor or dates of service)	Mr	s. Henry Tabler -Nie	ce - Martinsburg		
=				INTERVIL BETWEEN		
	18. CAUSE OF DEATH [Enter anly one couse per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	20	LAND FOLLS	ONSES AND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LOBUR (INCOMINA)					
1	DUE TO					
Conditions, if any, which) (b)						
	gove rise to immediate cause (o), stating the under-					
	lying couse last. (c)					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH UNITED THE THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18.) UNITED THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)						
	20d. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OC	YES NO NO				
		CORRE	D. (Enter nature of injury in Part I or Port II of item 1	5.7		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 19 of wark at work	20e. PL	ACE OF INJURY (Home, farm, 20f. (City or tawn)	(Caunty) (Stote)		
	Hour o. m. P. m. 19 While Nat while of wark at wark	tac	ctory, street, office bldg., etc.)			
			11/100 10 13/10	0 10		
	21. I certify that (I) (this hospital) attended the deceased from 1000, to 1300, to 1300, to 1900, that (I) (we) last					
4		that c	death accurred at 20M, from the cause			
	226. SIGNATURE		ATTENDING	22b. DATE SIGNED		
	Mul Han		M.D. PHYS. DIRECTOR PHYS.	13 Jec 60		
	22c. PHYSICIAN'S NAME (Type)	1 1 11 0				
1	TAUL HAAK, M.D.		Toute 2 Willacus	sport, M.D.		
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME	R CREMATORY 23d. LOCATION (City, N	own, or county) (State)			
	REMOVAL (Specify)					
-	Burial 12-16-1960 Rosedale 4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	- 0	emetery Martinsbu	registrar's SIGNATURE		
1	ADDRESS ALL	17	Wein	A 14		
1	therew I roun mailing	elec	DATEDEC 1 6 '60	arilar S. Firous		

